

Date Application Completed: \_\_\_\_\_

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

Cottonwood Pre-Elementary / Wee Farm Learning Center  
**CHILD'S APPLICATION FOR ENROLLMENT**

*To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually*

**CHILD INFORMATION:****DATE OF BIRTH:** \_\_\_\_\_

Full Name: \_\_\_\_\_  
 Last First Middle Nickname

Child's Physical

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

**FAMILY INFORMATION:**

Child lives with: \_\_\_\_\_

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

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

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

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

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

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

Current Email Address \_\_\_\_\_

**CONTACTS:**

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

**HEALTH CARE NEEDS:**

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a Medical action plan attached? Yes \_\_\_ No \_\_\_ (Medical action plan must be updated on an annual basis and when changes to the plan occur)*

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

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

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

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

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_ Office Phone \_\_\_\_\_

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

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

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

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

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

## Release Form & Emergency Care Information

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*Release Information: Who may this child be release to if you are not able to pick him/her up from childcare?*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Childcare fees only cover 10 hours of service daily. Additional fees will apply if child stays longer than 10 hrs/day (see current fees). Our cut-off time is 8:30am.**

Child's expected daily schedule: \_\_\_\_\_ am - \_\_\_\_\_ pm.

I understand that my child will be released to only those listed, unless I give administration advance notice. Must be 18 years or older & ID may be required. Parents listed on child's application will be allowed to pick up child. Acknowledgment Statement: I have received, read & understand the following current & updated Policies /Procedures: Application, Parent Handbook, Discipline, Supervision & Care, Safe Sleep, Center Operations, NC Child Care Laws, Prevention of Shaken Baby & Abusive Head Trauma, Parent Participation Plan, Notification of Smoking/Tobacco Restrictions, & all other policies, procedures, & forms. **"I have read and understand all current policies and procedures."**

**\*\* Parent/Guardian Signature:** \_\_\_\_\_

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### Emergency Care Information

Emergency information: Please complete the following information so that our staff may have it readily available in case of an emergency. You will need to give teachers and directors updated information.

Emergency Contact Person:

Relationship:

Phone #:

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

Parent/Guardian  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please list any allergies you child has: \_\_\_\_\_

List any additional important information we need to know about your child (medications, chronic illnesses, etc.):  
\_\_\_\_\_

Is this child allowed to be given Tylenol or generic brand by staff? \_\_\_\_\_

*Note: We ONLY administer life-saving medications. Parent must complete a permission form which will be kept on file.*

**\*\* Parent/Guardian Signature:** \_\_\_\_\_

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### Photo/Video Consent

We occasionally take photographs and/or videos of children during daily activities, field trips, & special events. These images may be used by our facility/staff for: center publications, on our official website, social media accounts, newsletters, or other educational/promotional purposes. Please review the permission statement below & indicate your preference. Parent/Guardian Consent (**Please check one**):

☐ **YES**, I give permission for my child to be photographed and/or videotaped. I understand these images may be used: in print, online, publications, social media, website, or other work-related purposes. No identifying info (such as full name) will be used without additional consent.

☐ **NO**, I do not give permission for my child to be photographed/videotaped (see disclaimer). Provide written statement for documentation purposes.

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

Disclaimer: photos/videos required by childcare/NCPK regulations will be used for documentation purposes in order to remain in compliance, regardless of consent (these will not be publicly available)

We are a drug free and tobacco free facility. The use of drugs and/or tobacco is not allowed on the premises. Cottonwood & Wee Farm are equal opportunity providers for USDA & CACFP. We are a private facility, which has the right to terminate and/or refuse childcare services at any time for any reason. Audio &/or video recordings may be in progress at all times on the premises.

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

## **Permission to Administer Acetaminophen: Cottonwood/Wee Farm**

*(Please note: this form is a requirement by NC DCDEE; however, per insurance regulations, we do NOT administer any medication, other than life-saving medication, at our facility).*

In case of fever, Cottonwood/Wee Farm is allowed by NC DCDEE to give your child ONE dose only of acetaminophen. We will administer this medication, with your permission, if we are unable to reach you or you are not able to have your child picked up promptly.

### **Please check one of the following options, and sign below:**

- ☐ **NO:** I do not want my child to be given acetaminophen for any reason.
- OR
- ☐ **YES:** I, as the child's parent/guardian, will allow Cottonwood/Wee Farm staff to administer one dose of acetaminophen to my child if he/she has a fever; it may be given to my child prior to my arrival.

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

#### **STAFF ONLY - complete information below upon administering ONE dose of acetaminophen:**

Child's Name: _____	Child's Date of Birth: _____
Date medicine was given: ____/____/____	Time medicine was given: ____/____/____
Amount given to child: _____ ml	Fever: _____ degrees F
Signature of staff administering medicine: _____	
<i>File after completion and have parent complete a new form.</i>	

## **Travel and Activity Authorization: Cottonwood/Wee Farm**

This is a blanket permission trip form which will cover all field trips or staff supervised activities which take place outside the fenced in area. Before taking any off-premises field trips, you will be notified in writing of the following: date of trip, destination, approximate departure/arrival times, approximate return time, names of drivers, and chaperones. If you do not wish for your child to go on any particular field trips, please notify staff, and your child will be able to stay at our facility. This form will be valid until your child is no longer enrolled at Cottonwood/Wee Farm, or you wish to remove/add signature.

*As my child's parent/guardian, I agree to the following statements (check one, both, or none):*

- ☐ I give my child permission to participate in field trip activities unless staff is notified by me in writing that I do not want him/her to participate.
- ☐ I give my child permission to be outside the fenced in area to participate in staff supervised activities only such as sidewalk chalk, nature walks, etc.

*I understand the facility will use appropriate child restraint devices and abide by the safety rules in Rule.1000 when my child is transported in a vehicle. The facility will also notify me each time my child is to participate in an activity that would involve transportation.*

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

## What Is Child Care?

**The law defines child care as:**

- three or more unrelated children under 13 years of age
- receiving care from a non-relative
- on a regular basis, at least once a week for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required. The North Carolina Department of Health and Human Services is responsible for regulating child care. This is carried out through the Division of Child Development and Early Education. The purpose of regulation is to protect the health and well-being of children while they are away from their parents. The regulations apply to all child care facilities, regardless of size or type.

Chapter 110, The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

## Child Care Centers

Licensing as a center is required when six or more children are cared for in a residence or when three or more children are in care in a building other than a religiously sponsored program are exempt from some of the regulations described below if they choose not to be licensed. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

## Two through Five Star Rated License

Centers that meet the minimum licensing requirements will receive a one-star license. Programs that choose to voluntarily meet higher standards can apply for a two through five-star rated license. The number of stars a program earns is based upon the education levels their staff meet, the program standards met by the program, and one quality point option.

## Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver hurts or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is not in a safe environment. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the make a call to Division of Child Development and Early Education at [919-874-6300](tel:919-874-6300) or [1-800-359-4829](tel:1-800-359-4829).**

Reports can be made anonymously. A person cannot be held liable for a report made in good faith. North Carolina law requires any person who suspects child abuse or neglect in a family to report that to the county department of social services.

## Parental Rights

- Parents have the right to enter a center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

## How to Report a Problem

North Carolina may request staff from the Division of Child Development and Early Education to investigate a child care center when there has been a complaint. Child care providers who violate the law or rules may be cited for violations of child care requirements and may be issued an administrative action, fine, and/or may have their licenses suspended or revoked. Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the child care requirements, or if you have questions, please call the Division of Child Development and Early Education at [919-814-6300](tel:919-814-6300) or [1-800-855-0829](tel:1-800-855-0829).

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

## Education and Training

The administrator of a child care center must be at least 21 and have at least a North Carolina Early Childhood Administration (Credentialed or its equivalent). Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credentialed or its equivalent. If administrators and lead teachers do not meet this requirement, they must bring credentialed coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21, years of age or older. All staff must have current certification in CPR and First Aid. All staff must complete health and safety training and a minimum number of ongoing training hours annually. ITTS-SIDS training is required the administrator and any caregiver that works with infants 12 months of age or younger. One staff member must complete the Emergency Preparedness and Response in Child Care training and plan.

## Criminal Background Checks

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

## Reviewing Facility Information

From the Division's Child Care Facility Search Site, the facility and visitor documentation can be viewed

<http://ncchidcaresearch.dhms.state.nc.us/search.asp?lang=English>  
A public file is maintained in the Division's main office in Raleigh for every licensed center. These files can be viewed during business hours (8am-5pm) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at <http://ncchidcare.ncdhhs.gov/>

### Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. The minimum staff:child ratio and group sizes for single-age groups of children are shown below and must be posted in each classroom. A sample staff:child ratio chart can be found on the DCDEE website under "Provider Documents and Forms".

three additional school-age children, depending on the other children in care. When the group has children of different ages, staff:child ratios and group size must be met for the youngest child in the group. Staff:child ratios for multi-age groupings are outlined in the child care rules and require prior approval

## Space and Equipment

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

### Record Requirement

Centers must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parent of children up to five year of age.

## Curriculum and Activities

Four and five-year programs must use an approved curriculum in classrooms serving four-year old children. Other programs may choose to use an approved curriculum to earn a quality point for the star-rated license. The Division website maintains a list of approved curriculums for four-year-old children. Activity plans must be available to parents and must show a balance of active and quiet activities. The curriculum must include a variety of activities that address the early developmental domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore and use materials on their own and have choices.

## Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed programs to make sure standards are met. All children must be allowed to play outdoors each day (weather conditions permitting) and must have space and time provided for rest. They must provide age-appropriate toys and activities. Centers must complete the Emergency Preparedness and Response in Child Care training and plan.

## Transportation

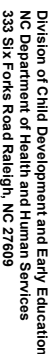
Child care centers providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratios must be maintained.

## Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, stripping, or other physical discipline) is prohibited in all centers. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

The law and rules are developed to establish minimum requirements. Most patients would like more than minimum care. Child Care Resources and referral agencies can provide help in choosing quality care. For more information about choosing quality child care, parent resources and/or the in North Carolina law and rules, contact the Division of Child Development and Early Education at [919.814.6300](tel:9198146300) or [1-800-859-3829](tel:18008593829), or visit our homepage at <https://ncchildcare.ncdhhs.gov/>.

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



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

Revised February 2025

**Parent Signature:**

Date:

Discipline & Behavior Management Policy





Teachers/Staff:

- Use age-appropriate behavior management & discipline techniques for children
- Help children learn and develop values through praise & positive reinforcement. Explain things to child on eye level and in understandable terms
- Model appropriate behaviors for children. Abstain from any physical and/or verbal abuse
- Set limits & provide age-appropriate discipline for inappropriate behavior. Understand children's desires & needs are important & listen to children
- Take proper steps to minimize injuries & prevent inappropriate behaviors. Communicate with parents frequently
- Provide positive guidance, one minute per child's age (allow children to separate themselves from group as needed)
- Provide positive guidance, adequate supervision, appropriate interactions, & age-appropriate discipline techniques at all times
- Do NOT deny food, drink, bathroom or rest privileges. Do NOT confine children to locked rooms or closets
- Do NOT give children authority to discipline other children. Do NOT talk about child's family in a negative manner
- Use acceptable versus unacceptable techniques to handle children & prevent injuries
  - Steps staff members may take in order to prevent injuries to children, but are not limited to: Close supervision; Maintaining staff:child ratio; Having simple classroom/playground rules which children can understand; Reinforcing rules by asking children to repeat rules; Using redirection; Asking children to problem solve by coming up with ideas and ways to prevent injuries; Keeping furniture, toys, materials, etc. in good repair; Using child size furniture, etc.; Maintaining a clean & organized environment; Discarding broken equipment, toys, etc.; Keeping fire and exit available; Locking up medications, aerosols, cleaning products, etc.; Covering electrical outlets
  - Staff members are prohibited from engaging in the following: Shaming, hitting, spanking, shoving, pinching, etc. any child; Allowing children to shake, hit, slap, push, shove, pinch, etc. each other; Refraining from taking precautions which may prevent injuries to children (either in the above section), Non-attendance to any sign or gesture that a child may be in pain or hurt

Parents: Tell teachers about any disruptive changes in child's life, talk about any inconsistent behaviors, Communicate frequently & discuss any concerns. You are a role model for children. Please set a good example.

What is Time-Out?

Time-out is the removal of a child for a short appropriate period of time from a situation. Teachers are located away from classroom activities but within sight of teacher. During time-out, child has a chance to regroup & reflect. Teachers will discuss appropriate behaviors with child before releasing them to group. Children are allowed to remain separate from group, if they desire.

H	Help with loving hands! Hands are to be used for helping others.	
U	Use your calming voice! Unless a child has a hearing impairment, keep volume low and tone calm.	
T	Time the tongue! Calmly say what you need to say using helping words.	
S	Supervise closely! Keep your eyes on the children.	

Behavior Management

- Deal with the situation in an appropriate manner (HTS) & Discuss issues with the child/children
- Redirect child/children away from source of frustration. Do not set time limits for children to stay in any area
- Review calming techniques, such as "calming breaths" with the child & Breathe as necessary
- Contact office staff if issues with child continue after the above steps have taken place. (Be sure to document!)
- Conferences with the child and/or families may be arranged by office staff. If office staff feels child may hurt themselves, others, or property, family will be called to pick up the child immediately. Date child can return to facility will be determined by office staff.

- All staff members have a duty to report the following (Reference: NCGS 7B-301 & NCGS 105-4): Suspected child abuse AND/OR child neglect, Child maltreatment, Death or dependency due to child maltreatment, DCDCEE contact #: 919.814.6300, Robeson County DSS contact #: 910.671.3500.
- Definition of abuse and neglect: Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.
- Types of Maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse or neglect
  - Signs of possible physical abuse include, but not limited to: Bruises or injuries to child which does not match child's explanation; Burns, especially from cigarettes, that can't be explained; Injury marks that have a pattern, like from a hand, belt, or other objects; Injuries that are at different stages of healing; Medical or dental issues that go untreated
  - Signs of sexual abuse may include, but not limited to: Avoiding a certain person for no clear reason; Running away from home; Bussing or dressing around the genitals; Genital itching or burning that might cause problems walking or sitting; Frequency, especially for children under 11 years old; Sexually transmitted diseases; Sexual activity or knowledge of sexual acts that is inappropriate for the child's age
  - Signs of emotional abuse may include, but not limited to: Constant crying about doing something wrong; Strained relationships or friendships with no clear cause; Speech problems or delays; Extreme behavior (i.e. being way too obedient or way too demanding); Delay in learning & emotional development; Low self-esteem; depression; Doing poorly in school
- Staff members & Administration designated staff will:
  - Report any suspicion of child maltreatment immediately to director/designated staff member, local agencies/authorities, state agencies/authorities, etc.; immediately notify the proper investigating authorities in the event of suspected child maltreatment.
  - Appropriately respond to all reports of inappropriate discipline, care, or treatment of children.
- Staff members will notify administrations & parents when an incident occurs requiring additional care & attention.
- Administration will ensure proper discipline & behavior management techniques are being implemented by staff through frequent monitoring.
- Staff members can confidentially report, without fear of reprisal, any observations or suspicions of co-worker, inappropriate discipline, care, or treatment of children. Any staff who witnesses or believes that another staff member is not following DCDCEE and/or facility guidelines, requirements, & policies is to report this concern to administration, designated staff member, &/or owner immediately. Failure to report any inappropriate actions by another staff member may result in being written up &/or possible suspension or termination of employment.
- Staff can notify administration of concerns in a timely manner, including when administration is off premises. Administration is available, in-person &/or via phone, telephone numbers are posted throughout facility & given to all staff members.
- Administration responds to all reports of possible inappropriate discipline, care, or treatment of children includes gathering information of the claim by administrated staff (interviewing other staff, interviewing parents/guardians, reviewing camera footage if available, etc.). Administrated staff will report any inappropriate behaviors/actions to the proper local and state authorities/agencies as required. Allegations that do not tie to the level of child maltreatment are not required to be reported; however, suspicion of child maltreatment requires reporting to appropriate agencies.
- Failure to follow facility and DCDCEE policies, rules & regulations may result in being written up, &/or possible suspension, &/or termination of employment.

Administration will utilize all current policies & procedures to ensure proper supervision, care, discipline & behavior management techniques are being implemented by staff. Supervisory staff members will visit each classroom to monitor staff in order to implement all policies & procedures, there will be a periodic review of the policies & procedures with all staff members, including review in orientation of new staff before they assume child care responsibilities. Policies reviewed monthly.

Supervision & Care of Children Policy

Arrival/Departure from facility:

- Upon arrival, designated staff member/teacher will visually supervise children entering their classrooms and being greeted by classroom teachers in the morning. Teachers will sign children in for the day.
- Upon notice that an authorized adult is present to pick up child, designated staff member will accompany child to adult and sign child out for the day.

Tolling:

- Don't allow children to use bathroom unsupervised; utilize the designated staff member/teacher to help children in the bathroom while maintaining staff:child ratios

Playground:

- Maintain staff:child ratio at all times. Scan all areas of the playground constantly, supervise blind spots
- Ensure all children left the classroom & entered playground (before closing the classroom door) using Sign In/Out sheet
- Walk around all areas of the playground; first children use playground equipment safely. Enforce playground rules
- Monitor doors, gates, etc.; Gates must stay securely, and fences should not have gaps under which children can climb.
- Children are to remain outside with the teacher unless another staff member takes responsibility for the child
- Use Sign In/Out Sheet once inside the classroom (before closing classroom door) to ensure all children made it safely inside
- Use Sign In/Out Sheet once inside the classroom for day by classroom teacher. If/when a child is moved to another classroom, hallway is to be signed out on teacher's Sign In/Out sheet.
- Combination Groups & Transitions:
  - All children are supervised appropriately for child that sign child in on classroom teacher's Sign In/Out sheet at time child is moved into classroom. Administrated staff will be in charge of moving children from one area/teacher to another using roster/head count.
  - Group size and staff:child ratios shall be adhered to at all times.
- Use Sign In/Out sheet during transitions from one area to another &/or one caregiver to another to ensure all children are present at all times. Head counts.

Meals/Snacks:

- Designated staff/teachers will be available to help teachers with meal/snack's supervision when necessary. Staff:child ratios are to be maintained.
- Teachers who serve infants, toddlers, & young children shall remain within arm's length of the children & visually supervise children as they are eating/drinking. Teachers of preschoolers & older children shall visually supervise children at all times during meal/snacks.

Nap/Rest Time:

- Position children so each can be seen by a teacher; Children's heads remain uncovered so visual supervision is adequate.

- Maintain staff:child ratios. Don't leave the classroom unattended at naptime

Teacher Break/Fresh Outside Classroom:

- Teachers have access to a walkie talkie system & designated staff/teachers whenever they need to leave room. Teachers must wait until designated staff/teacher has entered room before leaving the room. Before leaving classroom, teacher must confirm with teacher children present in room & elsewhere (bathroom, services, etc.) using Sign In/Out sheet.

Classrooms:

- Don't allow children to leave classroom unattended for any reason (bathroom, visit next door, run errands, run great parent, etc.)
- Teachers should routinely scan classroom as a whole to be aware of any problems developing. If two or more teachers work together in same room, encourage a cooperative approach to this responsibility. Arrange active centers & furniture in room so children can be easily supervised at all times
- Never leave infants or toddlers unattended on changing tables. Locate supplies at the changing area, and position the changing table so that the caregiver can visually supervise children at all times.

Policy Appearance:

- Designated staff member shall routinely, throughout the day, visit classrooms & all other facility areas (inside & outside) & use camera system, if available/applicable, to ensure all staff are following policies & procedures
- Staff will review policies monthly. All staff members (including new staff) will adhere to Orientation Requirements as outlined by DCDCEE

Incidents:

- Admin/designated staff shall be notified immediately whenever an incident of any nature occurs (binge/drinker injuries, etc.). Duty of designated staff to inform Director / Director is not present at time of incident via text message, phone call, etc.
- Admin/designated staff shall notify the parent/guardian in accordance with the Emergency Care Plan.
- Admin/designated staff shall comply with Emergency Care Plan in cases of injury, & staff members responsible for care of child at time of injury shall complete an Incident Report. Incident Reports are to be signed by parents/guardians, and copies of Incident Reports shall be made available to parents/guardians.
- Failure to Comply: Failure to comply with policies may result in being written up, &/or possible suspension, &/or termination of employment.

Administration will utilize all current policies & procedures to ensure proper supervision, care, discipline & behavior management techniques are being implemented by staff. Supervisory staff members will visit each classroom to monitor staff in order to implement all policies & procedures, there will be a periodic review of the policies & procedures with all staff members, including review in orientation of new staff before they assume child care responsibilities. Policies reviewed monthly.



Parent Signature: \_\_\_\_\_.

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



# Prevention of Shaken Baby Syndrome and Abusive Head Trauma

**Belief Statement:** We, Cottonwood Pre-Elementary & Wee Farm Learning Center, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

**Background:** SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death<sup>1</sup>. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

## 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 &/or decreased muscle tone. Bruises may be found on upper arms, rib cage, or head resulting from gripping or from hitting head.
- Responding to: If SBS/ABT is suspected, staff will: Call 911 immediately upon suspecting SBS/AHT and inform the director. o Call the parents/guardians. If the child has stopped breathing, trained staff will begin pediatric CPR
- Reporting: Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov). Instances of suspected child maltreatment in the home are reported to Rob. Co. DSS - Phone number: 910-671-3500

**Prevention strategies** to assist staff in coping with a crying, fussing, or distraught child: Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies: Rock the child, hold the child close, or walk with the child; Stand up, hold the child close, and repeatedly bend knees; Sing or talk to the child in a soothing voice; Gently rub or stroke the child's back, chest, or tummy; Offer a pacifier or try to distract the child with a rattle or toy; Take the child for a ride in a stroller; Turn on music or white noise; etc. 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; etc.

**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; etc.

**Strategies to assist staff members understand how to care for infants** - Staff reviews and discusses: The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, [ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf). How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups). Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, [www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

**Strategies to ensure staff members understand the brain development** of children up to five years of age: All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss: Brain Development from Birth video, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth). The Science of Early Childhood Development, Center on the Developing Child, [developingchild.harvard.edu/resources/inbrief-science-of-ecd/](http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/).

**Local Resources:** Child Care Health Consultant, Robeson County Health Dept. 910-671-3200

## Parent web resources:

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

## Facility web resources:

Caring for Our Children, Standard 3.4.4.3 Preventing & Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+> Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf) Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)

**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. 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 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.

*This policy applies to children up to five years of age & their families, operators, early educators, substitute providers, & uncompensated providers. For purposes of this policy, "staff" includes operator & other administration staff who may be counted in ratio, additional caregivers, substitute providers, & uncompensated providers.*

**By signing below, I am acknowledging that I have received and read a copy of the Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy for this facility that was adopted, effective March 2017.**

**Parent Signature:** \_\_\_\_\_

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

## Cottonwood & Wee Farm Family Signature Handbook Page

### Summary of Family Handbook:

- Children must arrive before 8:30 am unless the family provides a doctor's note. Arrival/Departure: staff will escort child to/from door. We have an open-door policy - parents welcome inside at any time. See Family Involvement/Participation Plan posted for family involvement opportunities. We use approved curriculum & assessments as required by DCDEE. See door/board for all facility policy & procedure changes/updates.
- Parents/Guardians are responsible reading, completing & returning all forms as required & are responsible for keeping facility updated on current contact info (phone, email, etc.). Current Health Assessments & Immun. Records due on 1<sup>st</sup> day; if not provided within 30 days, child cannot return until this info is provided. No exceptions.
- See facility for specific hours and schedules the facility is currently operating (posted). Closings are subject to change at any time with little/no prior notice. No discounts/refunds.
- Fees: late pick-up, payments, return item, registration, etc. Fees posted & subject to change. NO REFUNDS.
- Payment is due before childcare services are rendered. MyProCare Portal is used for all account balances/info, financial documents, etc. (not provided in-person). Payments/fees are for slots, not attendance. We charge current childcare market rates.
- Appropriate & adequate supply of wipes, diapers, clothes, etc. must be provided by families for child to attend. Two changes of clothes kept at facility (provided by families) for children at all times. Label all items; No jewelry. Outside playtime is required by DCDEE. All children, unless prohibited by extreme weather or other dangerous conditions, will play outside daily - dress children accordingly.
- Meals/snack times will be served during posted meals/snack serving times. Menus posted. Children will be served food shown on menu. For allergies & substitutions: a medical form completed by child's physician is required & kept on file. No outside food is allowed at facility UNLESS it is commercially prepared AND enough for all children in class.
- Only life-saving medicine, such as an epi-pen, will be administered to children by staff. All medicine, other than life-saving, must be given to child by family members. Ointments may be applied, but only after a medicine form has been completed, signed, and returned to us.
- Sickneses: Do not send children to school sick. For safety of others, we reserve right to call home if children are sick or not acting like their normal self (& we can specify time/date in which child can return to childcare).
- NOTICE: IF a child's behavior creates an unsafe environment/threat to individuals &/or property, childcare students may be terminated immediately; legal guardians may be required to sit with child during entire day to help with these behaviors/actions; pre-k will follow policies/procedures set forth in requirements manual.
- Pictures for Social Media & Advertisements: unless specified in writing otherwise, by signing below, you agree for your child's picture to be used by facility for ads/promotions/social media, etc. at any time
- **We reserve the right to change information in this handbook & policies/procedures. It's parent/guardians' responsibility to read/follow updated info. See board/door for updates, fees, policy changes, etc. We follow current DCDEE requirements, policies, procedures found on their website <https://ncchildcare.ncdhhs.gov/>**
- Acknowledgment Statement: *I have received, read & understand the following current & updated Policies/Procedures - Application packet, Parent Handbook, Discipline, Supervision & Care, Safe Sleep, Center Operations, NC Child Care Laws, Prevention of Shaken Baby & Abusive Head Trauma, Family Participation Plan, Notification of Smoking/Tobacco Restrictions, & all other policies, procedures, & forms. We do not participate in any aquatic activities (as defined by DCDEE).*

Please sign and return this page to office staff confirming that you have received and read this family handbook & agree with above.

Parent Name/Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*We are a drug free & tobacco free facility. The use of drugs and/or tobacco is not allowed on the premises.*

*Cottonwood and Wee Farm are equal opportunity providers for USDA & CACFP. We are a private facility, which has the right to terminate and/or refuse childcare services at any time for any reason. Audio and/or video recordings may be in progress at all times on the premises. Doors locked at all times for security purposes - PARENTS/GUARDIANS are ALWAYS welcome & encouraged to come inside at any time.*

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

## A. Medical History (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_; diabetes No \_\_\_ Yes \_\_\_;  
convulsions No \_\_\_ Yes \_\_\_; heart trouble No \_\_\_ Yes \_\_\_; asthma No \_\_\_ Yes \_\_\_.  
If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

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

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.  
Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ followup \_\_\_\_\_

Developmental Evaluation: delayed \_\_\_\_\_ age appropriate \_\_\_\_\_

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

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

Any other recommendations: \_\_\_\_\_

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

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