

# Helping Hand Developmental Center

## Children's Application

2020-2021

*Revised December 3, 2020*

## Reminder to Parents:

- This application is due back to the center before your child may start school.
- A \$25 registration fee, a \$25 supplies fee and your first week's tuition is due at the time you return this application.
- Tuition is \$185 per week and due in advance
- Most pages are 2 sided.
- We can accept copies of your physicians shot record instead of transcribing it onto our paperwork.
- The *Notice of Private Practices, Parent Handbook, & NC Child Care Laws and Rules* are yours to keep.
- Follow us at [Facebook.com/HH4kids](https://www.facebook.com/HH4kids) for important updates.
- Our website is [HH4Kids.org](http://HH4Kids.org).

Please call should you have questions – 828-692-7068  
or email [Eric@HH4Kids.org](mailto:Eric@HH4Kids.org)

# Helping Hand Developmental Center

## Application for Child Care

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

Application Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Last First Middle Nickname

Childs's Physical Address: \_\_\_\_\_

**FAMILY INFORMATION:** Child lives with: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

### 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 parent/guardian cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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### HEALTH CARE NEEDS:

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

List all allergies and the Symptoms and the type of response required for allergic reaction. \_\_\_\_\_

List any health needs of concern, symptoms of and types of response for these health are needs or concerns. \_\_\_\_\_

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

List any chronic illness the individual has and any medication taken for that illness \_\_\_\_\_

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 or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Helping Hand agrees to provide transportation to an appropriate medical resource in the event of emergency. In an emergency, other children in the facility will be supervised by a responsible adult. Our staff will not administer any drugs or any medication without specific instructions from the physician or the child's parent/guardian, or full-time custodian.

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

## Children's Emergency Information:

Name of Child (Last, First, Middle Initial)		Name of Parents		
Child's Date of Birth	Home Phone Number	Address ( Number & Street)		
Allergies, If any		City	State	Zip
Special Health Condition				
1. Parents location when child is in care (Employment, School, Etc.)		Hours of Employment	Phone Number	
Address (Number and Street)		City	State	Zip
2. Parents location when child is in care (Employment, School, Etc.)		Hours of Employment	Phone Number	
Address (Number and Street)		City	State	Zip
Email:				

### Person other than parent to be notified in emergency situation when parent is unavailable

Name		Phone Number		
Address (Number and Street)		City	State	Zip

### Name of persons other than parent to whom child may be released

1	3
2	4
Date of Enrollment:	Date of Withdrawal:

### See reverse for additional information

#### Emergency treatment and transportation:

I hereby give my permission to Helping Hand Developmental Center and its staff, licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above-named minor child while in care.

***Non-emergency medical treatment or elective surgery is not included in this authorization.***

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

\_\_\_\_\_  
Date Signed

Name of Child's Physician or Health Clinic		Phone Number		
Address (Number and Street)		City	State	Zip
Hospital Preferred for Emergency Treatment		Health Insurance Policy Name & Number		
Name of Child's Dentist			Phone Number	
Address (Number and Street)		City	State	Zip

#### Field Trip and Activities Outside of Fenced Playground

I hereby give my permission to Helping Hand Developmental Center for my child to participate in a walking trip or to be transported in a vehicle for a field trip. I further give my permission to the facility for my child to participate in developmentally appropriate supervised activities outside of the fenced playground

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

\_\_\_\_\_  
Date

# Helping Hand Developmental Center Children's Medical Report

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

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

## A. MEDICAL HISTORY (May be completed by parent)

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

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

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

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

Any history or significant previous disease or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_  
Diabetes No \_\_\_\_\_ Yes \_\_\_\_\_; Convulsions No \_\_\_\_\_ Yes \_\_\_\_\_; Heart trouble No \_\_\_\_\_ Yes \_\_\_\_\_  
If others, what/when? \_\_\_\_\_

Does the child have any physical 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 NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or public health nurse meeting DEHNR standards for EPSDT program.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_

Teeth \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_

Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_ Skin \_\_\_\_\_

Neurological System \_\_\_\_\_

Results of Tuberculin Test: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

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

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

(Signature of authorized examiner / Title)

(Date of examination)

(Phone number)





## Helping Hand Developmental Center Medical History

### Primary physician information:

Name of Child: \_\_\_\_\_ Birth date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Other physicians important to my child:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### If your child receives therapy for providers outside of Helping Hand, please list:

Therapist Name: \_\_\_\_\_ Type: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Therapist Name: \_\_\_\_\_ Type: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Therapist Name: \_\_\_\_\_ Type: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*To better understand your child's development, we would appreciate any previous therapy evaluations or doctor's reports.*

Please list the name of your child's insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

*(Please attach a current copy of you child's Insurance /Medicaid card*

Which Agency provides service to your child: DSS \_\_\_\_\_ Health Department \_\_\_\_\_ School \_\_\_\_\_

Who is your contact person with this agency(ies): \_\_\_\_\_

Please describe the pregnancy and birth of your child: \_\_\_\_\_

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If your child has had previous hospitalizations and/or surgeries, please explain: \_\_\_\_\_

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Describe your child present health concerns: \_\_\_\_\_

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List any medications your child is taking: \_\_\_\_\_

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### **Developmental History and Milestones:**

If your child has done any of the following give the age at which they started the skill:

Hands together: \_\_\_\_\_

Shaking rattle: \_\_\_\_\_

Lifts head while on elbows: \_\_\_\_\_

Rolls belly to back: \_\_\_\_\_

Rolls back to belly: \_\_\_\_\_

Sits alone: \_\_\_\_\_

Belly crawls: \_\_\_\_\_

Creeps: \_\_\_\_\_

Pulls-up: \_\_\_\_\_

Stands alone: \_\_\_\_\_

Walks: \_\_\_\_\_

First words: \_\_\_\_\_

List any present goals for your child: \_\_\_\_\_

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List any long-term goals for your child: \_\_\_\_\_

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Welcome to Helping Hand Developmental Center! As a parent of a special child, we ask for your participation in the therapeutic and educational program from time to time. We will send home quarterly progress notes and arrange times for you to observe and participate in therapy with your child. Our goal is to maximize your child's skills. It is our delight to serve your child. Please do not hesitate to stop by our offices or call if you have any questions or concerns.





## Helping Hand Developmental Center Photo & Video Release

Dear Parents:

Throughout the year, the staff will be taking pictures of the children at Helping Hand during various activities and special events. These pictures will be used in our newsletter, our yearbook, our graduation video, website, Facebook, newspapers and media outlets, and in various marketing and fundraising campaigns. We will also be shooting videos to promote Helping Hand and demonstrate to the community what makes our program special. These videos may be placed on our Facebook page (Facebook.com/HH4Kids), our webpage (HH4kids.org), YouTube, and used for marketing or fundraising endeavors. No names or personal information of the students will be shared without separate prior permission. By signing below, you give permission to use your child's picture or video in the manner listed above. If you have any questions or concerns, please contact Susan Deans @ 828-692-7068.

\_\_\_\_\_ Yes, I give permission to use my child's picture and video in the manner described in the paragraph above. I understand that personal information, including the child's name, will not be used without prior written permission.

\_\_\_\_\_ No, I would not like my child to be photographed or videoed for any purpose. I understand that they may not be included in future newsletters, on the website/Facebook, or in the graduation video or yearbook.

\_\_\_\_\_ Yes, I give permission to use my child's picture and video in the following ways: (Please specify)

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

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

\_\_\_\_\_  
Date



## **Helping Hand Developmental Center Parent Participation Policy**

Helping Hand involves parent in the following ways:

- Parents are invited to tour our facility before enrollment.
- We have Quarterly progress reports. Parents are informed of their child's progress in writing but may also request a conference.
- Parent/ teachers conferences may occur anytime during the school year and may be scheduled by the parent, teacher or director
- We welcome volunteers into the classroom. Parents/grandparents can volunteer to read stories, share their talents, share information on different cultures, work one on one with a student or assist with special activities and events in the center or individual classrooms.
- Parents are encouraged to participate in fundraising events for Helping Hand. They may attend or help in the planning of the event.

We believe education is a partnership between home and school and welcome parents.

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Signature of Parent or Guardian

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Date



## Helping Hand Developmental Center Discipline and Behavior Management Policy

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

We:

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

We:

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

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

Date of Child's Enrollment: \_\_\_\_\_

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

### **“Time Out”**

“Time out” is the removal of a child for a short period of time (3-5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time-out” space, usually a chair, is located away from classroom activities but within the teacher's sight. During the time out the child has a chance to think about the behavior that removed them from the group. After brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to other children



## Helping Hand Developmental Center Infant/Toddler Safe Sleep Policy

A safe sleep environment for infants reduces the risk of sudden infant death syndrome (SIDS) and other sleep related infant deaths. According to N.C. Law, childcare providers caring for infants 12 months of age or younger are required to implement a safe sleep policy and share the policy with parents/guardians and staff. We implement the following safe sleep policy. **References:** N.C. Law G.S. 100-91 (15), N.C. Child Care Rules .0606 and .1724, *Caring for Our Children*

### Safe Sleep Practices

1. We train all staff, substitutes, and volunteers caring for infants aged 12 months or younger on how to implement our Infant/Toddler Safe Sleep Policy.
2. We always place infants under 6 months of age on their backs to sleep, unless a signed ITS-SIDS Alternate Sleep Position Health Care Professional Waiver is in the infant's file and posted at the infant's crib. We retain the waiver in the child's record for as long as they are enrolled.
3. We do not accept Parent Waivers for infants older than six months.\*
4. We place infants on their backs to sleep even after they can easily turn over from the back to the stomach. We then allow them to adopt their own position for sleep. We document when each infant can roll from back to stomach and tell the parents. We put a notice in the child's file and on or near the infant's crib.\*
5. We visually check sleeping infants every 15 minutes and record what we see on a Sleep Chart.
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
7. We provide all infants supervised "tummy time" daily.
8. We follow N.C Child Care Rules .0901(k) and .1706(j) regarding breastfeeding.

### Safe Sleep Environment

9. We use Consumer Product Safety Commission (CPSC) approved cribs or other approved sleep spaces for infants. Each infant has his or her own crib or sleep space.
10. We allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep. We remove the pacifier from the crib once it has fallen from the infant's mouth.\*
11. We do not allow infants to be swaddled.
12. We do not allow garments that restrict movement.\*
13. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.
14. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
15. We give all parents/guardians of infants a written copy of the Infant/Toddler Safe Sleep Policy before enrollment. We review the policy with them, and ask them to sign a statement saying they received and reviewed the policy. We encourage families to follow the same safe sleep practices to ease infants' transition to childcare.\*
16. Family childcare homes: We post a copy of this policy and a safe sleep practices poster in the infant sleep room where it can easily be read.
17. Centers: We post a copy of this policy in the infant sleep room where it can easily be read.

*\*Indicates we follow this best practice recommendation.*

Effective date: 2018 Review date(s): August 2020 Revision date(s): August 2020

**Distribution:** We give parents/guardians a copy of the policy. We give all staff, substitutes and volunteers a copy to review. We inform them of changes 14 days before the effective date. We give parents/guardians a copy of the policy they signed and put a copy in child's file.

I, the undersigned parent/guardian of \_\_\_\_\_ (child's full name), have received a copy of the facility's Infant/Toddler Safe Sleep Policy. I have read the policy and discussed it the facility director/owner/operator, or other designated staff member.

Date of Child's Enrollment: \_\_\_\_\_

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

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Helping Hand Developmental Center

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

We, Helping hand Developmental Center, believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death. According to North Carolina Child Care Rule (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 and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting:

- Instances of suspected child maltreatment in 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](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 828-697-5500

### Prevention strategies to assist staff\* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children.

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

### **Prohibited behaviors**

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

### **Strategies to assist staff members understand how to care for infants**

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, [ncchildcare.nc.gov/PDFforms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDFforms/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-eed/](http://developingchild.harvard.edu/resources/inbrief-science-of-eed/)

### **Resources**

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

References

- The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
- NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp)
- Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
- Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
- Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
- 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 childcare 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 childcare 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 childcare 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 childcare 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.

## Parent or guardian acknowledgement form

I, the parent or guardian of \_\_\_\_\_ (Child's Name)  
acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head  
Trauma Policy.

Date of Child's Enrollment: \_\_\_\_\_

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



## Helping Hand Developmental Center Acknowledgement for Child Care

(Please check all. Consult teacher or Helping Hand Staff should you have questions)

- I give my permission for my child \_\_\_\_\_ date of enrollment \_\_\_\_\_, to participate in supervised activities (i.e. taking walks, playing on tennis courts, riding tricycles on the sidewalk, excursions to the pond and woods) which take place outside the fenced in playground.
- I understand and agree to participate in fundraising activities by donating my time, money soliciting donations from others and/or materials (in-kind).
- I have received a Parent Handbook. I acknowledge that I have reviewed the handbook with a Helping Hand Developmental Center staff member and understand what I have read.
- I have received a copy of the North Carolina Child Care Law and Rules.
- I have received a copy of Helping Hand Developmental Center's Parent Participation Policy. I acknowledge that I have reviewed the Parent Participation Policy with a Helping Hand Developmental Center staff member and understand what I have read.
- I have received a copy of Helping Hand Developmental Center's Discipline and Behavior Management Policy. I acknowledge that I have reviewed the Discipline and Behavior Management Policy with a Helping Hand Developmental Center staff member and understand what I have read.
- I have received a copy of Helping Hand Developmental Center's Infant/Toddler Safe Sleep Policy. I acknowledge that I have reviewed the Infant/Toddler Safe Sleep Policy with a Helping Hand Developmental Center staff member and understand what I have read.
- I have received a copy of Helping Hand Developmental Center's Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy. I acknowledge that I have reviewed the Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy with a Helping Hand Developmental Center staff member and understand what I have read.
- I am aware that I am responsible for paying all childcare fees in *advance*, and that delinquent payment of over 1 week will result in the termination of my child's placement at the center.
- I have received, read and understand my/my child's HIPPA rights. I have been given opportunity to discuss with Helping Hand Developmental Center staff any questions I may have about these rights.
- I am aware that Helping hand is a smoke, tobacco, and vapor free environment. Smoking, vaping and chewing are not allowed on premises.

Childs Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

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

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Helping Hand Developmental Center Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes our center and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments, employees and contracts of this center.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about your child and their health is personal. We are committed to protecting medical information about our students. We create a record of the care and services your child receives at this center. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice applies to all the records of your child's care generated by this center, whether made by our personnel. This notice will tell you about the ways in which we may use and disclose your child's medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **We are required by law to:**

- Make sure that medical information that identifies your child is kept private;
- Give you this notice of our legal obligations and private practices with respect to medical information about your child; and
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use medical information about your child to provide them with medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, students or other staff who are involved in taking care of you here at our center. Different departments of this office may also share medical information about your child in order to coordinate the different things they need, such as treatment or equipment. We also may disclose medical information about your child to people outside the center who may be involved in your child's medical care, such as family members, clergy or others that may provide services that are part of your care.
- **For Payment:** We may use and disclose medical information about your child so that the treatment and services they receive at our center **may** be billed to and payment may be collected from you, an insurance company or a third party. For example, your health plan may require information about the therapy your child received by one of our therapists, in order for them to reimburse us. We may also tell your health plan about a treatment your child is going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose medical information about your child for office operations. These uses and disclosures are necessary to operate our office and make sure that all of our

students receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in planning for your child. We may also, combine medical information about many of our students to decide what additional services the center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students and other personnel for review and learning purposes. We WILL remove information that identifies your child from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that your child has an appointment for treatment in our center.
- **Treatment Alternatives:** We may use and disclose medical information to tell you about or to recommend possible treatment options or alternative that may be of interest to you.
- **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about your child to a friend or family member who is involved in your medical care. We may also give information to someone who helps to pay for your child's care. We may also tell your family or friends your child's condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your child's condition, status and location.
- **Research:** Under certain circumstances, we may use and disclose medical information about your child for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition, all research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients; need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose medical information about your child to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our office. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our office.
- **As Required by Law:** We will disclose Medical information about your child when required by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about your child when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, Any disclosure, however, would be to someone able to prevent the threat.

## SPECIAL SITUATIONS

- **Public Health Risks:** We may disclose medical information about your child for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations inspections and licensure. These activities are necessary for the government to monitor the health care system,
  - government programs and compliance with civil rights laws.

- **Lawsuits and Disputes:** If your child is involved in a lawsuit or a dispute, we may disclose medical information about your child in response to a court or administrative order. We may also disclose medical information about your child in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness or missing person;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of crime or victims or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of our practice to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release medical information about your child to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about your child:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your child's care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and request copies of medical information that may be used to make decisions about your child, you must submit your request in writing to the director. If you request a copy of the information, we WILL charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Any request for copies will be met within 30 days.
- **Right to Amend:** If you feel that medical information we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this office. To request an amendment, your request must be made in writing and submitted to the Director. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us
  - The person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for this office;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Director. Your request must state time period, which may not be longer than six years and may not include dates before January 1<sup>st</sup>, 2007. . The first list you request within a 12-month period will be free. For additional lists, we WILL charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use

- or disclose information about a surgery your had. We are not required to agree to you request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Director. In your request, you must state (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our office/center (828-692-7068)

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right-hand corner, the effective date.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with this center or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact Helping Hand at 692-7068. All complaints must be submitted in writing. To file a complaint with D.H.H.S. call 1-877-696-6775.

### **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide you.



**HELPING HAND  
DEVELOPMENTAL  
CENTER**

**PARENT HANDBOOK**

**12/13/2019**

## **MISSION STATEMENT**

*To provide quality child development services to all children of Henderson County with a unique commitment to those who are physically, emotionally and educationally challenged so they may realize their potential.*

## **DESCRIPTION**

Helping Hand Developmental Center, Inc. is a private, nonprofit preschool that provides a comprehensive and individualized program of services for children who are typically developing and children who have special needs, ranging in age from three to five. Helping Hand is a 5 star licensed facility. We meet all standards set by the Division of Child Development and Department of Public Instruction Preschool Program.

It is our belief that our main responsibility is to help children realize their potential to become happy, productive citizens by providing a program designed to increase the developmental and educational gains of each child.

The classroom environment is nonrestrictive. Each child is encouraged, through loving care and stimulation, to work on each targeted developmental area at their own individual pace.

## FEES

### ***FEES ARE DUE IN ADVANCE OF SERVICES RENDERED.***

A \$25.00 Registration fee (non-refundable) will be due upon enrollment. No fees shall remain delinquent more than one week. If fees are unpaid after one week and no previous payment schedule has been arranged, the child will be dropped from the center enrollment. The name of the child may then be placed on a waiting list and re-enrolled when an opening occurs providing all delinquent fees have been paid in full.

If the fee is paid by check and the check is returned because of insufficient funds, the following procedure will apply:

- First offense: \$30.00 fee
- Second offense: \$30.00 fee and loss of right to pay by check.  
Fees thereafter must be paid in cash, credit, debit or money order.

It is advisable to save your receipts since a portion of childcare expense may be tax deductible.

Checks should be made payable to: Helping Hand Developmental Center.

**Regular fees** charged will be \$185.00 per week. Once your child is enrolled and attending the center, **you will be charged this fee whether he/she attends or not. No allowances are made for holidays, emergency closings or family vacations.** You will not be charged for four weeks of the close-down period: two weeks at Christmas, one week at Spring Break, and one week at summer break. Fees may be paid to any Helping Hand Employee.

An **After-School Fee** is charged to those children paid by Henderson County Preschool Program for childcare rendered past 2:30 pm daily. A **\$20.00** per day fee will be charged weekly.

Parents of typically developing children are also responsible for a \$25 **Supply fee** due annually. Fee will be due at the beginning of each school year. 100% of this fee will go directly to your child's classroom.

Payments will only be accepted **at school** on Monday mornings before 9:00 am. In the event we are closed on Monday, payments will be due on the first day of the week that we return. Teachers may not accept payments any other time. You can **make payments at our office** between 9-5 Tuesday- Friday. Please call ahead to insure someone is there to accept your payment. 692-7068

Helping Hand accepts Depart of Social Services (DSS), Smart Start (SS) and Blue Ridge Community College (BRCC) subsidy. If you feel that you may qualify, contact DSS at 698-4440, Smart Start at 693-1580 or your advisor at BRCC. DSS, SS and BRCC subsidies can help with both regular and afterschool tuitions.

## WITHDRAWAL

A **two-week notice is required** before terminating your child's placement. If a two week notice is not given, payment is required for the two additional weeks.

## ARRIVAL AND DEPARTURE

A parent/guardian or another adult is expected to accompany the child into the center upon arrival and come into the center to pick the child up upon departure. It is not safe to simply open the car door and let your child out to come in alone. All children must be signed in and out in their classroom by their legal guardian or adult. We cannot release your child to an older sibling or to someone not designated on your pickup list. When dropping off or picking up your child(ren), do not leave your car running or leave infants/toddlers unattended.

Please plan for your child to arrive by 9:00 a.m. The structured activities planned for the day take place during the morning hours. It is difficult for the teacher and/or assistant to stop the activities they are doing with the other children to welcome a late child appropriately. If you are running late and you know your child will be here past 9:00am, we request that you call and let us know so that we can plan lunches accordingly. Failure to call and notify us will cause us to not accept your child for that day. **(692-7068) NO CHILD WILL BE ADMITTED AFTER 11:00am.**

## GENERAL POLICIES

1. Hours of operation are from 7:30 a.m. to 5:00 p.m. Monday through Friday. Helping Hand Developmental Center operates 12 months of the year. We are closed on holidays and specified vacation or workdays as announced. Helping Hand follows the Henderson County School System schedule for most snow days and holidays. Prior notice will be given for early dismissals. The summer program is available to all enrolled children. Please note that \$185.00 tuition is due for **ALL** children during the summer program. Summer school fees are due before services are rendered. However, the Department of Social Services will fund approved applicants.
2. Children may be delivered to their classroom by parents or other care-givers **no earlier** than 7:30 a.m. All children need to be here by 9:00 a.m. daily.
3. Children will be released **only** to parents or specified individuals who are designated on a form in the child's file.
4. If the certified teacher or teacher assistant is absent, a substitute will be assigned to that classroom. (If needed to meet ratios)



5. Children must have a physical and current immunization record upon entry to Helping Hand.
6. Funding sources for the individual child must be in place before services may be given.
7. Emergency phone numbers and emergency transportation numbers must be on file and **current**. Parents are responsible for notifying Helping Hand when their information changes.
8. Breakfast, lunch and afternoon snack are provided. Menus are planned according to Division of Child Care and Child and Adult Care Food Program (CACFP) regulations. Modified diets are available with a *Medical Statement for CACFP and SFSP Participants Requiring Meal Modifications* completed in its entirety by your child's primary physician. Otherwise, we are required by NC Law to offer your child all components of every meal.
9. The center uses behavior modification measures as a means of discipline. This would include "time out". There will be no physical punishment.
10. Profanity and mistreatment of staff will not be tolerated from parents or guardians.
11. The center is *not* to be used for visitation purposes. We will *not* allow friends and relatives visit with your child while they are in our care.
12. Due to confidentiality issues and the safety of all children, we do not allow outside agencies to provide services to our students during the day. (i.e. case management, therapy ...)

## **PERSONAL ITEMS**

The following items should be provided by the parents/guardians and should remain at the center.

1. a change of clothing with the child's name on each item, 2 sets for children potty training
2. a small blanket to cover at naptime
3. diaper wipes - if child is in diapers

Toys and money should not be brought to the center. The center staff will not assume responsibility for such items. Also, plastic grocery bags may not be used to transport items.

## MEDICAL POLICIES

1. All children must have current physical, immunization records, and completed record of medications.
2. All children must have ALL age appropriate immunizations. No child will be admitted without immunizations regardless of reason.
3. All children must have hospital and doctor preference on file.
4. All children must have signed release for emergency care.
5. No child may remain at the center if he or she has 2 or more loose stools. They must stay home for 24 hours after the last loose stool.
6. Children with vomiting may not return to school until 24 hours after last vomiting episode.
7. We must be notified upon enrollment of any type of allergies.
8. If your child shows signs of irritability, fever, persistent crying, to the point that he cannot function in a normal daily schedule, he/she will be sent home.
9. Regarding pink eye, infetigo, or other infectious diseases, the child will be allowed to return to school 24 hours after treatment with a doctor's release.
10. When a child has a fever of 100.5 degrees, the parent will be notified of the child's condition. At that point the child may be sent home.
11. When a child has a fever of 101.0 degrees, the parent will be asked to pick up the child. The child must remain home for 24 hours after fever breaks.
12. A child with a chronic green nose that lasts 5 days, must stay home until the child is on an antibiotic and his/her nose is clear. A doctor's note to return to school may be required.
13. Helping Hand employees will not give the first dose of any medication. The parent must do this at home.

We would appreciate your cooperation with helping us prevent the infecting and re-infecting of children by making sure your child is well when they return to the center.

## COMMUNICABLE DISEASE

In order to protect the children at Helping Hand from the spread of certain diseases, we ask that you do not send your child if he/she has any of the following symptoms:

- **Chicken pox** - at least one week after onset of rash and until lesions are crusted over
- **Cold** - with thick yellow or greenish discharge from nose.
- **Conjunctivitis** - also known as "pink eye" - during the acute stage there will be redness of the eyes, tearing, and soreness. Child must have 24 hours of medication and doctor's release before returning to school.
- **Cough** - acute or persistent, making it difficult for the child to rest.
- **Diarrhea** - two or more watery stools a day.
- **Fever** - 101.0 degrees or higher.
- **Lice** - nit free and treated
- **Rash** - generalized or of unknown origin.
- **Scabies** - until treated and doctor's note to verify this.
- **Sore Throat** - fever, swollen glands.
- **Strep Throat** - keep home for 24 hours after beginning antibiotics with doctor's release. (must be free of other symptoms)
- **Vomiting** - generalized symptoms.

**If your child is sent home from the center for fever, diarrhea, or vomiting he/she will not be able to return to the center for 24 hours and free of any additional symptoms. Children must be well enough to participate in regular activities. After returning, if the child is still not well or acting like they feel ill, he/she will be sent home and not allowed back without a doctor's note.**

## MEDICATION POLICY

**Prescription Medication:** all prescription medications must be in the original bottle with the child's name on it. The parent/guardian will be asked to fill out a medication form for each medicine to be given. We will not be able to give medicine without a signed medication form.

If medicine samples are given from the doctor, a prescription must accompany it with the child's name, medication name, date, frequency and dosage to be given. The prescription must be attached to the medication.

**Nonprescription Medication:** Nonprescription medication (or over the counter medicine) may be given with parental permission. The parent/guardian will also have to fill out a medication form with all the information listed above for prescription medicine.

Medications must be in the original bottle. Please be sure to check the expiration date on the

medications to be given. We will not be able to administer medications with an expired date. If medication is not recommended for children 2 and under and you are giving it to your child who is 2 and under, we must have a note from your child's physician that says your child may take this medication and give the exact dosage required (Dr. note must specify child's exact age). This may be faxed to us (696-9722) directly from the doctor's office.

When sending medications to school, we do not recommend sending them in diaper bags or book bags. Medication must be handed directly to your child's teacher, not placed on counter or in cubby.

**If your child is on any type of medication, please notify your child's teacher.** We will keep it documented in your child's file. (In case of allergic reactions, etc.) Also, please be sure to keep all medical information updated.

### **LATE PICK-UP POLICY**

For the first tardy (up to 5 minutes), the parent will receive a warning. For the second tardy the parent will be charged a late fee of \$1.00 per minute to be paid to the teacher who stayed with your child. Late fees are accrued starting promptly at 5:00pm regardless if you are only a "little late".

If you have an emergency, such as car trouble or medical problems, please call us so that arrangements for your child may be made. Tardy fees will still accrue.

### **ATTENDANCE POLICY**

If your child is absent, please notify the center by phone the day or days of absence. If your child is out 10 consecutive days and we have not heard from parent/guardian, we will assume you have withdrawn your child from the program. Please note parent pay fees are still due during the 2 week notice.

### **TERMS FOR DISMISSIAL**

1. Not Attending / No notification
2. Failure to pay
3. Behavioral problems or adjustment problems or any harmful acts or threats from either the parents/guardian or child will be grounds for immediate dismiss.

## CHILD ABUSE AND NEGLECT

Center staff is legally obligated to report any SUSPECTED cases of child abuse and neglect. Staff will comply with the provisions of the Child Abuse Reporting Act by bringing suspected cases to the attention of the Center Director. The director will evaluate the situation and if further action is necessary, report the suspected case to the local Department of Social Services.

## DISCIPLINE

*"Good discipline is not just punishing or enforcing rules. It is liking children and letting them see that they are liked. It is caring enough about them to provide good, clear rules for their protection."*

Much time is spent in careful planning of daily activities and the physical environment and clearly defining the center "rules" in order to minimize discipline problems. Time out, as a last resort, is used for the child who is having continuing difficulty within a given situation.

Neither corporal nor psychological punishment (such as humiliation or ridicule) will be used.

## FOOD SERVICE

The center participates in the Child/Adult Care Food Program sponsored by the state of NC. Nutritionally balanced meals and snacks are provided daily. Breakfast is served at 8:30 a.m., lunch at 11:30 a.m., and the afternoon snack at 2:30 p.m. Please do not expect your child to be served if he/she is not present at the regular serving time. DO NOT send food with your child unless there is a special dietary need and we have talked about this with your child's teacher. Breakfast, lunch and snack menus will be posted at the center.

Often parents/guardians like to give a birthday party for their child at the center. This requires advance approval from your child's teacher. All baked goods must be purchased from a facility that is regulated by the Department of Environmental Health. No home-baked goods will be served at the center. Beverages served can be milk, 100% fruit juice or water. **No balloons** will be allowed due to choking hazard. Please do not bring them or have them sent to your child. Other details should be worked out between the parent/guardian and the classroom teacher.

## PARENT RESPONSIBILITY AND PARTICIPATION

Your child should be dressed in comfortable clothes that can be washed and that he/she can manage easily. (Example: snapping, zipping, etc.) Shoes should fit properly and be comfortable to play in. Children may not go barefoot at the Center. Please dress your child appropriately for the weather, keeping in mind weather changes during the day.

Each child will have a cubby with his/her name on it for his personal belongings. Please check the cubby every day and take home all items that do not need to stay at the Center. Written messages of importance will also be placed in the cubby, so please read them carefully and respond if necessary.

The teacher must know who has permission to pick up your child. In the case of separated parents, proof of legal custody must be supplied. If at any time there is a change in who will pick up the child, the teacher must be notified. Therefore, it is absolutely necessary that the Center be notified if the information on the application changes.

In the event that you are called to pick up your child due to sickness or inclement weather the parents will be expected to do so within 30 minutes. After 30 minutes a late pick up fee will be charged.

Parents should feel free to ask questions, making suggestions, or contact the Center Director or the child's teacher about anything concerning the child. You are welcome at the Center any time and are urged to visit and observe your child at intervals. Individual conferences will be scheduled upon request and can be requested by the parent and/or the Center Director and/or the child's teacher.

In the case of separated parents, we will **not** allow visitation to take place in the center. Visitation needs to be handled outside of the center.

**Helping Hand is a 501 C-3 Not for Profit Educational Institution. Fundraising is a critical part of our program. We expect that each family actively participate in our fundraising efforts. All donations are tax deductible. Please see any administrative staff for details.**



# Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

**Division of Child Development  
and Early Education**

North Carolina Department of  
Health and Human Services  
333 Six Forks Road  
Raleigh, NC 27609

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

Revised June 2019

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

## Additional Staff/Child Ratio Information:

Centers located in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of 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.

## Reviewing Facility Information

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed. A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov).

## How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined 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 requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.

## 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 developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

**Licensed centers must also meet requirements in the following areas.**

## Staff Requirements

The administrator of a child care center must be at least 21 and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours, including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

## Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

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

### What Is Child Care?

The law defines child care as:

- three or more 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.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the health, safety, and well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

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

### Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care home operators must be 21 years old and have a high school education or its equivalent. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

### Child Care Centers

Licensure as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Recreational programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

### Parental Rights

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

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone

### Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, ITS-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must also complete an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

### Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCHs, 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 centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

### Two through Five Star Rated License

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

### Criminal Background Checks

Initial background qualification is a **pre-service requirement**. All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.

directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.ncdhhs.gov](http://ncchildcare.ncdhhs.gov).

### Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.** Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**

### Transportation

Child care centers or family child care homes 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.

### Record Requirements

Centers and homes 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 parents of children up to five years of age.

### 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 the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. 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.



## Helping Hand Developmental Center Discipline and Behavior Management Policy

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

- |   |   |
|---|---|
| <p>We:</p> <ol style="list-style-type: none"><li>1. DO praise, reward, and encourage the children.</li><li>2. DO reason with and set limits for the children.</li><li>3. DO model appropriate behavior for the children.</li><li>4. DO modify the classroom environment to attempt to prevent problems before they occur.</li><li>5. DO listen to the children.</li><li>6. DO provide alternatives for inappropriate behavior to the children.</li><li>7. DO provide the children with natural and logical consequences of their behaviors.</li><li>8. DO treat the children as people and respect their needs, desires, and feelings.</li><li>9. DO ignore minor misbehaviors.</li><li>10. DO explain things to children on their level.</li><li>11. DO use short supervised periods of time-out sparingly.</li><li>12. DO stay consistent in our behavior management program.</li><li>13. DO use effective guidance and behavior management techniques that focus on a child's development.</li></ol> | <p>We:</p> <ol style="list-style-type: none"><li>1. DO NOT handle children roughly in any way, including shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking.</li><li>2. DO NOT place children in a locked room, closet, or box or leave children alone in a room separated from staff.</li><li>3. DO NOT delegate discipline to another child.</li><li>4. DO NOT withhold food as punishment or give food as a means of reward.</li><li>5. DO NOT discipline for toileting accidents.</li><li>6. DO NOT discipline for not sleeping during rest period.</li><li>7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.</li><li>8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.</li><li>9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.</li><li>10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk.</li></ol> |
|---|---|

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

Date of Child's Enrollment: \_\_\_\_\_

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

### “Time Out”

“Time out” is the removal of a child for a short period of time (3-5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time-out” space, usually a chair, is located away from classroom activities but within the teacher's sight. During the time out the child has a chance to think about the behavior that removed them from the group. After brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to other children

*Parent copy*

# WIC MAKES A HEALTHY DIFFERENCE

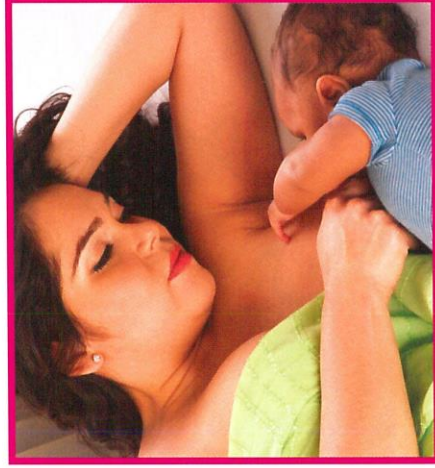


## WIC PROVIDES:

-  **HEALTHY FOODS**
-  **NUTRITION COUNSELING AND EDUCATION**
-  **BREASTFEEDING SUPPORT**
-  **REFERRALS TO OTHER PROGRAMS**

## To be eligible for WIC, you must:

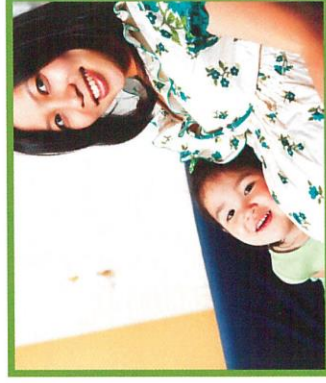
1. Be pregnant, breastfeeding, a new mom or an infant or a child under age 5.
2. Receive Medicaid, Food Stamps, Work First or meet the WIC program's income guidelines.
3. Live in North Carolina.
4. Talk with a WIC nutritionist at your WIC appointment.



## To apply for WIC, you must:

- Make an appointment with your local WIC program.
- Provide identification for yourself and each person applying for WIC.
- Provide proof of where you live.
- Provide proof of household income.

Contact your local WIC program for a complete list of acceptable documentation. WIC does not ask about visa status or citizenship.



## Find your local WIC program:

Call 1-844-601-0365  
Text keyword localwic + your zip code to 67076  
Visit [nutritionnc.com/mywic](http://nutritionnc.com/mywic)



State of North Carolina • Department of Health and Human Services  
Division of Public Health • Nutrition Services Branch  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.nutritionnc.com](http://www.nutritionnc.com)  
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# WIC HACE UNA DIFERENCIA SALUDABLE



## WIC PROPORCIONA:



**ALIMENTOS SALUDABLES**



**INFORMACIÓN EDUCATIVA  
Y CONSEJERÍA  
NUTRICIONAL**



**APOYO A LA LACTANCIA**



**REMISIONES A OTROS  
PROGRAMAS**

## Para cumplir los requisitos del programa WIC, usted debe:

1. Estar embarazada, estar amamantando a su bebé, ser una madre reciente o tener un bebé o un niño menor de 5 años.
2. Recibir Medicaid, Cupones de Alimentos, asistencia de Work First o cumplir con las guías de ingreso del programa WIC.
3. Vivir en Carolina del Norte.
4. Hablar con un nutriólogo de WIC durante su cita de WIC.



## Para solicitar asistencia del programa WIC, usted debe:

- Hacer una cita con el programa local de WIC.
- Proporcionar identificación propia y de cada persona que haga su solicitud al programa WIC.
- Presentar evidencia del lugar donde vive.
- Proporcionar evidencia del ingreso familiar.

Comuníquese al programa local de WIC para obtener una lista de los documentos que se aceptan. El programa WIC no pregunta acerca del estatus de visa ni de ciudadanía.



## Encuentre el programa WIC de su localidad:

Llame al 1-844-601-0365

Envíe al 67076 un mensaje de TEXTO con la palabra localwic + su código postal al 67076

Visite [nutritionnc.com/mywic](http://nutritionnc.com/mywic)



Estado de Carolina del Norte • Departamento de Salud y Servicios Humanos  
División de Salud Pública • Oficina de Servicio de Nutrición  
[www.ncdhhs.gov](http://www.ncdhhs.gov) • [www.nutritionnc.com](http://www.nutritionnc.com)

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