

Children's File Checklist Center



Child's Name: _____ Date of Enrollment: _____

The following items must be present in each child's file:

	Item	Due Date	Date Received/ Completed
	Application for Enrollment	1 st Day	
	Emergency Medical Care Information/Medical Action Plan (if applicable)	1 st Day/Updated <i>as changes occur and annually</i>	
	Medical Report	Within 30 days of Enrollment	
	Immunization Record	Within 30 days of Enrollment	
	Documentation of Receipt: Discipline Policy	1 st Day	
	Infant Feeding Plan (children less than 15 months-old)	1 st Day	
	Infant Sleep Position Waivers (if applicable)	1 st Day	
	Infant Safe Sleep Visual Check Chart (if applicable)	1 st Day	
	Safe Sleep Policy (if applicable) Receipt	1 st Day	
	Authorization for Transportation (if applicable)	1 st Day/As Occurs	
	Center Operational Policies Receipt	1 st Day	
	Summary of Child Care Law Receipt	1 st Day	
	Copies of Incident Reports	As Occurs	
	Emergency Medical Care Authorization	1 st Day	
	Medication Authorization, Record of Medication Administration, and Medication Error Report (if applicable)	As Occurs	
	Off Premise Activities Authorization	As Occurs	
	Permission to Transport/participate in off premise activities (if applicable)	1 st Day	
	Nutrition Opt-out Form (if applicable)	As occurs	
	Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1 st Day	
	Permission for aquatic activities (if applicable)	1 st Day	
	Notification of Smoking and Tobacco Restriction	1 st Day	
	Enrollment Contract	1 st Day	
	Camera Policy	1 st Day	
	Waiver of Privacy Rights	1 st Day	
	Safe Arrival and Departure	1 st Day	
	Essential Oil Consent	1 st Day	

Date Application Completed _____ **CHILD'S APPLICATION FOR ENROLLMENT** Date of 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 _____

Email: _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ 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 parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

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

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

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

List any types of medication taken for health care needs _____

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

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

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

Signature of Parent/Guardian _____ Date _____

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

Signature of Administrator _____ Date _____

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No___ Yes___ If yes, what? _____

2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason? _____

3. Is the child on any continuous medication? No___ Yes___ If yes, what? _____

4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No___ Yes___ ; diabetes No___ Yes___ ;
convulsions No___ Yes___ ; heart trouble No___ Yes___ ; asthma No___ Yes___ .

If others, what/when? _____

6. Does the child have any physical disabilities: No___ Yes___ If yes, please describe: _____

Any mental disabilities? No___ Yes___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

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

Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____ Throat _____

Neck _____ Heart _____ Chest _____ Abd/GU _____ Ext _____

Neurological System _____ Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____

If delay, note significance and special care needed; _____

Should activities be limited? No___ Yes___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance. Child may not attend the facility until submitted.

Child's full name:	Date of birth:
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Enter each date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV, OPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib	Act HIB, Pedvax HIB **	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	Proquad					
Varicella/Chicken Pox	Var	Varivax	Proquad					
Pneumococcal Conjugate*	PCV, PCV-13, PPV-23	Pneumovax***						

*Required by state law for children born on or after 7/1/2015.

**3 shots of Pedvax HIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

***Pneumovax is a different vaccine than Prevnar and may be seen in high risk children.

Note: Children beyond their 5th birthday are not required to receive Hib or PCV vaccines.

Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.

Record updated by:	Date	Record updated by:	Date

Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

Vaccines Recommended by the Advisory Committee on Immunization Practices (ACIP) NOT Required

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV, Rota	Roteteq Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix Vaqta	First dose, 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu	Fluzone, Fluarix, FluLaval, Fluviri, FluMist, Afluria	Annually after age 6 months.					

Name of Facility: Learning Tree of Fletcher

Discipline and Behavior Management Policy

Date Adopted 09/01/2018

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 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 levels.
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 spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of _____
(child's full name), do hereby state that I have 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 _____

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

“Time-Out”

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

Adapted from original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

Infant Feeding Plan

As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us to do our very best to help your baby grow and thrive. **Page two of this form must be completed and posted for quick reference for all children under 15 months of age.**

Child's name: _____

Birthday: _____

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Parent/Guardian's name(s): _____

Did you receive a copy of our "Infant Feeding Guide?"

Yes

No

If you are breastfeeding, did you receive a copy of:

"Breastfeeding: Making It Work?"

Yes

No

"Breastfeeding and Child Care: What Moms Can Do?"

Yes

No

TO BE COMPLETED BY PARENT

At home, my baby drinks (check all that apply):

- ☐ Mother's milk from (circle)

Mother bottle cup other

- ☐ Formula from (circle)

bottle cup other

- ☐ Cow's milk from (circle)

bottle cup other

- ☐ Other: _____ from (circle)

bottle cup other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

If so, what foods is s/he eating?

How often does s/he eat solid food, and how much?

TO BE COMPLETED BY TEACHER

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule?

Yes No

If **NO**,

- ☐ I made sure that parents have a copy of the "Infant Feeding Guide" or "Breastfeeding: Making it Work"
- ☐ I showed parents the section on reading baby's cues

Is baby receiving solid food? Yes No

Is baby under 6 months of age? Yes No

If **YES to both**,

- ☐ I have asked: Did the child's health care provider recommend starting solids before six months?

Yes No

If **NO**,

- ☐ I have shared the recommendation that solids are started at about six months.

Handouts shared with parents:

Child's name: _____

Birthday: _____
m m / d d / y y y y

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

	Frequency of feedings	Approximate amount per feeding	Will you bring from home? (must be labeled and dated)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other (describe)				

I plan to come to the center to nurse / feed my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

☐ hold my baby ☐ use the teething toy I provided ☐ use the pacifier I provided
☐ rock my baby ☐ give a bottle of milk ☐ other Specify: _____

I would like you to take this action _____ minutes before my arrival time.

At the end of the day, please do the following (choose one):

☐ Return all thawed and frozen milk / formula to me. ☐ Discard all thawed and frozen milk / formula.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature: _____ Parent Signature _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials



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<http://breastfeeding.unc.edu/>

In Collaboration With:

NC Department of Health and Human
 Services
 NC Child Care Health and Safety Resource
 Center
 NC Infant Toddler Enhancement Project

Infant Sleep Chart

Child Care Facility _____ Caregivers _____

Name of child _____ Date of birth _____ ☐ Waiver, Alternative sleep position, Wedge _____

Instructions: Visually check sleeping infants every 15 minutes. Note the infant's sleep position, skin color, breathing, level of sleep, and body temperature. Record your visual check below. Include date, your initials, time of the check, infant's sleep position, and any comments you have.

- ♥ Remember blankets or other loose bedding are prohibited by Child Care Rule.
- ♥ If the infant shows signs of overheating, check that the room temperature is between 68-75°F and remove extra layers as needed.
- ♥ Place all infants aged 12 months or younger on their backs to sleep unless they have an alternate sleep position waiver posted by their crib. After infants can easily turn over from the back to the stomach, continue to place them on their back to sleep. You can then allow them to adopt their own position for sleep.

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Infant/Toddler Safe Sleep Policy



Child Care Facility:

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, child care 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.* **-OR-**
☐ We accept the *ITS-SIDS Alternate Sleep Position Parent Waiver*.
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*.
☐ We check infants 2-4 month of age more frequently.*
6. We maintain the temperature in the room where infants sleep between 68-75°F and check it on the thermometer in the room.
☐ We further reduce the risk of overheating by not over-dressing infants*
7. We provide all infants supervised "tummy time" daily.
8. We follow N.C Child Care Rules .0901(j) and .1706(g) regarding breastfeeding.
☐ We further encourage breastfeeding in the following ways:*

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 do not allow infants to use pacifiers. **-OR-**
☐ We allow pacifiers without any attachments. Pacifiers attached to clothing will be removed when placed to sleep.
☐ We do not reinsert the pacifier in the infant's mouth if it falls out.*
☐ 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 cover infants' heads with blankets or bedding.
13. We do not allow garments that restrict movement.*
14. We do not allow any objects, such as, pillows, blankets, or toys other than pacifiers in the crib or sleep space.
15. Infants are not placed in or left in car safety seats, strollers, swings, or infant carriers to sleep.
16. 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 child care.*
17. Family child care 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.
18. 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: _____ **Review date(s):** _____ **Revision date(s):** _____

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.

Child's Enrollment Date: _____ Parent/Guardian Signature: _____ Date: _____

Facility Representative Signature: _____ Date: _____

This completed signature page must stay in CHILD'S FILE AT LEARNING TREE:

I have read and agree to the policies and terms in the Learning Tree family handbook, including the policy regarding late pick up for my child and policies related to tuition and fees, and I've read the Discipline Policy for Learning Tree:

Name and Signature of Parent

Date

Name of Child/Children

I have read and received the copy of the North Carolina Child Care Summary Law.

Name and Signature of Parent

Date

____ I DO -or- ____ I DO NOT give permission for Learning Tree to use photos of my child online on their website, or blog, or in publications used locally for advertising purposes. I understand that Learning Tree will not publish children's names with images, nor will they post these images on Facebook or other social networking sites.

Name and Signature of Parent

Date

Name of Child/Children:

Name of Child/Children

Learning Tree of Fletcher

I _____ the parent/guardian of _____

Have received the following documents:

Discipline Policy

Date _____

Safe Sleep Policy

Date _____

Family Handbook/Operational policies

Date _____

Summary of Childcare Law

Date _____

Prevention of Shaken Baby Syndrome
& Abusive Head Trauma

Date _____

Parent Signature

Date



Learning
Tree of Fletcher

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Belief Statement

We, Learning Tree of Fletcher (name of facility), 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 death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

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

Responding to:

- If SBS/ABT is suspected, staff will³:
 - 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 CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: _____

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 strategies⁵:

- 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.
- Other _____
- Other _____

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other _____

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

Prohibited behaviors

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

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

Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf

Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth
- The Science of Early Childhood Development, Center on the Developing Child, developingchild.harvard.edu/resources/inbrief-science-of-ecd/

Resources

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

Parent web resources

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

Facility web resources

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

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

References

1. The National Center on Shaken Baby Syndrome, www.dontshake.org
2. NC DCDEE, ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp
3. Shaken baby syndrome, the Mayo Clinic, www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461
4. Pediatric First Aid/CPR/AED, American Red Cross, www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

Application

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

Communication

Staff*

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the **SBS/AHT staff acknowledgement form** in the staff member's file.

Parents/Guardians

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the **SBS/AHT parent acknowledgement form** in the child's file.

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

Effective Date

This policy was reviewed and approved by:

Owner/Director (recommended)

Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates

Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

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 policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date

Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name _____

Permission is given to apply the following (name/type) _____

Amount _____ Expiration date, if applicable _____

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from ____ / ____ / ____ to ____ / ____ / ____

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- ☐ all exposed skin ☐ diaper area ☐ other (specify) _____
☐ face only ☐ toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- ☐ before going outside ☐ after each diaper change ☐ other/as needed for (specify) _____
☐ after a bowel movement ☐ before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

Parent/guardian name

Parent/guardian signature

Date

Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders and fluoridated toothpaste. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name. Keep insect repellents in locked storage and all other items out of reach of children when not in use.

Child's Name _____

Permission is given to apply the following (name/type) _____

Amount _____ Expiration date, if applicable _____

Fluoridated toothpaste should be a rice sized smear for children under 3 and pea sized for children 3 and over.

Permission may be given for up to 12 months. Permission valid from ____ / ____ / ____ to ____ / ____ / ____

Where to apply the ointment, repellent, lotion, cream, powder or fluoridated toothpaste:

- ☐ all exposed skin ☐ diaper area ☐ other (specify) _____
☐ face only ☐ toothbrush

When to apply the ointment, repellent, lotion, cream, or powder:

- ☐ before going outside ☐ after each diaper change ☐ other/as needed for (specify) _____
☐ after a bowel movement ☐ before tooth brushing

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

Parent/guardian name

Parent/guardian signature

Date



Tobacco- and Nicotine-Free Policy

Due to the acknowledged hazards to young children arising from exposure to tobacco use. It shall be the policy of Learning Tree of Fletcher to provide a tobacco and nicotine-free environment for staff/visitors/parents/students. This policy covers the use of any tobacco for the purposes of this policy “tobacco” is defined to include any lighted or unlighted cigarette, cigar, pipe, and any other smoking product; and spit tobacco, also known as smokeless, dip, chew, spit less, snus and snuff, in any form; including, but not limited to, non-FDA approved cessation nicotine products, digital/electronic nicotine delivery systems e.g. “e-cigarette,” vapor products or anything that simulates or can be construed as being a smoking or smokeless tobacco product (i.e., herbal smoking products) and applies to employees and all non-employees including visitors and vendors.

Definition:

- There will be no tobacco use or electronic cigarettes in any area of the center including the campus/parking lot at any time.
- There will be no tobacco use in vehicle on campus at any time. There will be no tobacco use in vehicles when transporting child to or from center facility or authorized activities.
- There will be no tobacco use by staff or volunteers on campus this includes all indoor or outdoor activities.
- Field Trips, walks and all outside activities will be tobacco and electronic cigarette free.
- Employees that use tobacco at home will be offered the North Carolina Tobacco Quitline referral as a stop method for tobacco cessation. All employees that use tobacco at home will be required to bring clothing that has not been worn around tobacco users.
- Employees that leave campus and use tobacco while out will be required to change clothes and wash hands thoroughly when reentry of the center occurs.
- Visitors and vendors that enter the center are required to obey all the policies of the center.
- All Employees will be required to read about all potential hazards of tobacco use and nicotine-based products.

Child's Name: _____ Date: _____

Custodial Parent or Guardian Signature: _____

- OR -

Employee Name: _____ Date: _____

Employee Signature: _____



Learning Tree Web/Surveillance Camera System Policy

Web Cam

Through the use of the web-cam, parents can access and observe their children on a daily basis from any location that has internet access. Access is granted to the child's primary classroom and is operational during the Infant/Toddler/Preschool instructional hours from 6:30a.m. - 6:00 p.m.

WebCam Use

In addition to the required Video/Audio/Photo/Press Release, families desiring to use the complimentary web-cam service to access their child's classroom are required to annually complete a Password Authorization Form for approval. Family usage is family-governed with authorization granted to the custodial parent only. Center policies regarding shared custody apply to web-cam access.

Webcam Passwords

Password access is limited and discriminates due to confidentiality. As a result, passwords are limited to three per child and forms are completed and approved annually. Passwords are changed regularly to guard privacy and are deactivated upon withdrawal. A violation of webcam policies is grounds for suspension of this privileges.

Authorization for Video/Audio/Photo Recording Waiver of Privacy Rights

Observational access to our webcams exists for the purposes of communication, instruction, evaluation, and skill development in increasing an understanding of developmentally appropriate early childhood practices. Therefore, a video, audio, photo recording of child in attendance is a requirement for enrollment at Learning Tree.

Webcam Access

Password and camera access is controlled by Learning Tree and access is child-centered not program-centered. In other words, access is granted for the child's classroom and/or playground not the entire child care center. Access is time-limited and granted only for those periods of time in which the child is enrolled at the center. Webcam access is a privilege granted to our parents. It is not a condition of enrollment. Continued abuse of this privilege will result in your access to be terminated. Learning Tree is solely responsible for determining who may have access and whether or not your webcam access has been terminated.

You are not allowed to call and/or email Learning Tree and requests for extra blankets, jackets, food, milk, or to move a child for better viewing in front of a camera, etc. Learning Tree has many children in a classroom for which we are responsible for their supervision, child care, and education. It would be impossible for Learning Tree staff to perform these duties for all children in a class if users of the web cams are interrupting our scheduled class activities to focus on the presumed wants/needs of one child. You can be assured that our staff will tend to the individual needs of each of the children within our care. However, continued abuse of the cameras and calling and/or emailing the Learning Tree with these types of requests will be grounds for terminating your access to the web cams. **Remember, your access to our camera service is a privilege. Continued abuse of this privilege will result in terminating your access to the camera system.**

Authorized Users

The multi-step process allows authorized users to select up to three unique user names and passwords whose authenticity must be verified by Learning Tree staff. In effect, our camera service extends our "open door" policy



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thus custodial/shared parenting policies apply. All access (both successful and unsuccessful attempts) are logged and monitored by the vendor, KidsVision, with regular communication to the Learning Tree.

Tips for Webcam Password Selection

Don't choose a password associated with you in any way.

Don't choose common words or common spellings.

Consider using an acronym or a mixture of letters, numbers, and characters i.e., JaFe90 or taking a common phrase like "A stitch in time saves nine" and using ASITS9.

Video Recordings

It is a violation of our policy for you to share your passwords with anyone. It also is violation of our policies for you to use any mechanism to store or record the video of the live web cams and this may actually constitute a crime. They are intended for live viewing only. Learning Tree attempts to record the video for purposes of teacher training/evaluation for a period of three (3) days. Your access to the live web cams does not entitle you to access to the recordings. You will never be allowed to take with you on a CD or jump drive recordings of incidents as it would violate the privacy rights of the other children within our center. However, if you would like to review with the center's administration a recording of any incident that occurred at Learning Tree, you must make a written request within 48 hours of the incident. The availability of our Digital Recordings can be affected by many factors including but not limited to power outages, computer malfunctions, hard drive failures, limited hard drive space, motion within the facility and other incidents beyond Learning Tree's control. Therefore, viewing of the recordings will be available within 48 hours of a specific incident when that recording material is available. Recording availability of an incident is not guaranteed by Learning Tree or KidsVision.

KidsVision does not store our digital recordings offsite. And, any requests for a viewing of digital recordings should be directed in writing to Learning Tree administration within 48 hours of an incident.

When receipt of a written requests to view an incident is received during normal business hours, Learning Tree employees will take immediate steps in accordance with our company's policy to preserve the video footage in connection with the requested incident. Under no circumstances and at no time will Learning Tree employees ever attempt to purposefully delete any relevant video footage.

Webcam Live Notice Posting

The Webcam system will be active during the primary center operational hours of 6:30 a.m. - 6:00 p.m. with extended hours at the discretion of the program staff and posted notices identifying its use.

Webcam Governance

Audio/video recording for any other purpose than the educational/communicative structure set forth by the Learning Tree may constitute a crime under 18USC2511.

Webcam Security

To protect against unauthorized access, the webcam system utilizes 256-bit encryption to protect user names and passwords



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I have read and received the copy of the Learning Tree Web/Surveillance Camera System Policy and understand and accept the conditions.

Name and Signature of Parent

Date

Name of Child/Children



AUTHORIZATION FOR VIDEO/AUDIO/PHOTO RECORDING OF CHILD IN ATTENDANCE

WAIVER of PRIVACY RIGHTS

The Learning Tree is a child care facility that exists for the purposes of caring for and educating young children. To ensure the safety and security of all children, staff, parents, and visitors, as well as the security of our child care facility, The Learning Tree is equipped with a digital video surveillance system and security cameras are installed in all classrooms, hallways, kitchen area, outdoor play area, and parking lot and may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms, changing pads (are blocked out), and dressing rooms, and that video/security cameras will be positioned in appropriate places within and around our preschool or daycare center facility and used in order to help promote the safety and security of people and property. The video is also used to stream live images of the children to parents and other authorized users of the web cam system so that authorized users may view daily activities of their child(ren) which would otherwise be missed.

In addition, Learning Tree parents, staff, and administration may periodically video and audio tape (via web-based cameras and other electronic devices) and/or photograph children as part of their day to day activities, parties, assessments, etc. Therefore, a video, audio, photo release for a child attending the Learning Tree is a condition of enrollment.

Please read, initial, and sign at the conclusion of the pre-admission interview or annually thereafter.

_____ I give my permission for recording video, audio, and taking photographs of my child for the purposes of instruction and program support.

_____ I understand and give consent for the observation of my child, including the child's conversation over the internet, to those granted access as authorized users.

_____ If I am granted access to the web-cam system, I agree not to provide my sign-on identification (ID) or password to anyone else including other family members.

_____ I understand there are criminal and civil sanctions governing the unauthorized interception of oral communications and the invasion of privacy and agree to abide by those laws and the policies of Learning Tree protecting my child and the confidentiality of all children attending Learning Tree.

_____ I waive the rights to privacy afforded my child under federal or state law to the extent of the webcam access while my child is enrolled at the Learning Tree. I understand that other families with children in the Learning Tree may observe and hear my child through the web-cam access.

_____ I agree not to record any images or audio signals I receive from the Learning Tree web-cam access.

_____ I understand the policy and it has been reviewed with me by the director.

Note: Signed release is good for the current school year only.

Child's Name: _____ Date: _____

Custodial Parent or Guardian Signature: _____



Safe Arrival and Departure

Rule .1003(b)

Child care programs must establish safe procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. This includes safe pick-up and delivery procedures for parents, as well as, safe pick-up and delivery procedures for the transportation of children to and/or from the center, to and/or from public/private school programs, to and/or from the child's home, to and/or from off-premise activities, such as, field trips and other education outings.

Learning Tree has established the following safe arrival and departure procedures for the children in our care. All children should arrive at the center between 6:30 a.m. but no later than 9:00 a.m.(unless parents have notified the teacher and administrator). All children should be picked up by an authorized person no later than 6:00 p.m. Parents should notify the teacher and the Administrator of any late pick-ups.

Upon arrival or departure the parents or authorized person should follow these processes:

Arrival

- Parents or authorized persons are required to deliver their child from the center, transportation is not provided. Parents or authorized persons must walk the child into the center and deliver them to the appropriate teacher or teacher aide.
- Parents or authorized persons should use their center provided access control code to enter the building and not allow any other parties in without a code to ensure the safety of the center.
- Parents or authorized persons should use their center provided Key Tag or pin to access the kiosk. Once the kiosk pulls up the family record the parents or authorized persons should select the appropriate function "Check-In" next to each child listed for the family that is being checked-in.
- Once the kiosk accepts this function, parents or authorized persons should walk their child to their classroom and deliver them to the teacher or teacher aide. This allows for any information exchange to happen. If the classroom is not occupied the parents or authorized persons should check the schedule to see if the class is outside and deliver the child to that area and the appropriate teacher or teacher aide. Children cannot be left unattended for any reason.
- At this time the parents or authorized persons can leave the building and have officially transferred care to the center.

Departure

- Parents or authorized persons are required to pick-up their child from the center, transportation is not provided. Parents or authorized persons must walk into the center and pick them up from the appropriate teacher or teacher aide.
- Parents or authorized persons should use their center provided access control code to enter the building and not allow any other parties in without a code to ensure the safety of the center.
- Parents or authorized persons should use their center provided Key Tag or pin to access the kiosk. Once the kiosk pulls up the family record the parents or authorized persons should select the appropriate function "Check-out" next to each child listed for the family that is being checked-out.
- Once the kiosk accepts this function, parents or authorized persons should walk to the classroom and check-out the child from the teacher or teacher aide. This allows for any information exchange to happen. If the classroom is not occupied the parents or authorized persons should check the schedule to see if the class is outside and check the child out from the appropriate teacher or teacher aide. Children cannot be left unattended for any reason.
- At this time the parents or authorized persons can leave the building with the children they have checked-out from the center as they have officially transferred care themselves.



Dear Parents,

As you know, school can be hard and stressful for many of our students. This year one of our goals is to help reduce stress and anxiety in the classroom in an effort to make learning more fun and effective. One way to do this is by using essential oils in a diffuser in the classrooms and office/lobby area. Essential oils will not be applied to any child and will only be used in the diffusers.

Essential oils have been reported to positively affect mood and memory. Many also have antibacterial properties as well. Below I have listed the oils I would like to use along with their properties. These oils are certified pure therapeutic grade (CPTG) from a company called doTERRA. They have no synthetic chemicals or pesticides and are taken from organically grown plants. Please review this list and let me know if you have any questions or concerns regarding the use of these oils in our room. I would also need to know if your student has any allergies to any of the plants from which these oils are taken. Please sign below indicating that you have received this information and return it to us.

Sincerely,

Jennifer & Kevin Monroe
Learning Tree, LLC.
(828) 684-2791
info@learningtreenc.com

Single Oils

Lavender	This oil may help with anxiety, mental clarity, & nervous tension.
Eucalyptus	This oil may help clear the mind, promote relaxation, and clear breathing.
Wild Orange	This oil may help with anxiety & nervousness. It is generally uplifting.
Peppermint	This oil is sedating, calming, and relaxing – allowing it to reduce anxiety.

Oil Blends

On-Guard: This oil blend contains wild orange, clove bud, cinnamon bark, eucalyptus radiate, and rosemary. It helps protect the body against the onset of flu, colds, and viruses.

Peace: This oil blend contains vetiver root, lavender flower, ylang ylang flower, frankincense resin, clary sage flower, marjoram leaf, labdanum leaf/stalk, and spearmint herb. It promotes feelings of peace, reassurance, and contentment.

All oil information was taken from Modern Essentials: A Contemporary Guide to the Therapeutic Use of Essential Oils published by Abundant Health, 2017.

Consent for Use of Oils in the Learning Tree Facility

Student Name: _____

☐ I have read the above information and do not have any concerns or questions about the use of essential oils at Learning Tree.

☐ I have read the above information and have questions or concerns about the use of essential oils in the Learning Tree classrooms. Please call me at _____.

☐ My student has allergies to one or more of the plants listed above. Please do not use the oils.

Parent Signature: _____ Date: _____

Parent Name: _____