



# Rose of Sharon Preschool

## Application for Enrollment

Date application completed or updated: \_\_\_\_\_

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

Full-Time ☐

Part-Time ☐

*\*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:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

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

### FAMILY INFORMATION:

Child Lives with: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

Mother/Guardian's Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

**EMERGENCY CONTACTS:** *Child will be released 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.*

Name	Relationship	Address	Phone Number
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

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
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

**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 healthcare professional: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier and Policy Number: \_\_\_\_\_

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: \_\_\_\_\_



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### Child's Medical History

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

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

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

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

1. Is the child allergic to anything? No\_\_ Yes\_\_ If yes, what? \_\_\_\_\_
2. Is the 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, when and for 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\_\_.  
If others, what/when? \_\_\_\_\_
6. Does the child have any physical disabilities? No\_\_ Yes\_\_ If yes, please describe: \_\_\_\_\_
7. 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 DEHNR standards for EPSDT program.

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

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

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

Ext \_\_\_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

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

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

Signature of Authorized Examiner/Title \_\_\_\_\_ Phone # \_\_\_\_\_



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### Child 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's full name:	Date of birth:
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Enter the 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	IPOI	Pediarix, Pentacel, Kinrix					
Haemophilus influenza type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	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, PCV13, PPSV23***	Prennar 13, Pneumovax***						

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

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

\*\*\*PPSV23 or Pneumovax is a different vaccine than Prennar 13 and may be seen in high risk children over age 2. These children would also have received Prennar 13.

**Note:** Children beyond their 5<sup>th</sup> 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 Hep B		
5 months		2 Polio			2 Hep B		
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	2 Hep B	4 PCV	
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

**Note:** For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.



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

#### Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					
Coronavirus disease 2019	COVID-19	Comirnaty, Spikevax, Nuvaxovid, Jcovden	Annually after age 6 months.					

\*All documentation can be emailed directly to [rosbpreschool@gmail.com](mailto:rosbpreschool@gmail.com)



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## *Application for Enrollment*

### Discipline & Behavior Management Policy

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 behaviors.
10. DO explain things to children on their levels.
11. DO stay consistent in our behavior management program.
12. DO use effective guidance and behavior management techniques that focus on a child's development.
13. DO use short, supervised periods of time-out sparingly.

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 has discussed the facility's Discipline and Behavior Management Policy with me.

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

**Signature of Parent or Guardian** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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



# **Rose of Sharon Preschool**

## *Application for Enrollment*

### **Policy Acknowledgements**

**I have read and accept the policies in the Rose of Sharon Preschool handbook. The director has answered any questions I had. I understand that preschool fees are due on Monday for the following week. If in the event I get two weeks behind I will be asked to remove my child until my balance is cleared.**

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**Signature**

**Date**

### **Smoking and Tobacco Restriction**

**Children must be in a smoke free and tobacco free environment. Smoking and the use of any product containing, made, or derived from tobacco, is not permitted on the premises or in vehicles used to transport children during off premise activities. All smoking materials on the premises shall be kept in locked storage. Signage regarding the smoking and tobacco restriction must be posted at each entrance. Parent must be notified, in writing, of the smoking and tobacco restriction.**

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**Signature**

**Date**

**I have received a copy of the summary of the North Carolina Child Care Laws and Rules**

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**Signature**

**Date**



The following requirements apply to both centers and homes.

#### **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 ratio must be maintained.

#### **Program Records**

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. 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.

#### **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.

#### **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. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone 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 in Child Care website at: [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.nc.gov](http://ncchildcare.nc.gov)

#### **Reviewing Files**

A public file is maintained in the Division's main office in Raleigh for every center or family child care home. These files can be

- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov); or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829 -800-859-0829.

#### **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 may have their licenses suspended or revoked. 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 919-527-6500 or 1-800-859-0829.

#### **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, 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 919-527-6335 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.**



# Summary of the North Carolina Child Care Law and Rules

## Division of Child Development and Early Education

North Carolina Department of  
Health and Human Services  
820 South Boylan Avenue  
Raleigh, NC 27699

Revised March 2016

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.

### 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 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.

### Star Rated Licenses

Centers and 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.

### 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 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:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid.

complete an ITS-SIDS training (if caring for infants 0 -12 months) every three years and the Emergency Preparedness and Response in Child Care training and plan. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per day, if weather conditions permit.

### Child Care Centers

Licensing 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.

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.

Licensed centers must meet requirements in the following areas.

### Staff

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. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter. One staff must complete the Emergency Preparedness and Response in Child Care training and plan.

### 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 mths	1:5	10
12-24mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

*Small centers 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.*

### Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and indoor furnishings must be child size, sturdy, and free of hazards that could injure children.

### Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. 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 center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. 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. They must have space and time provided for rest.





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

I, Parent or Guardian of \_\_\_\_\_, \_\_\_\_\_  
Child's Name

I acknowledge 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

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

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#### **Belief Statement**

We 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 it can result in severe injury or even death.<sup>1</sup> According to North Carolina Child Care Rule (child care centers, 10A NCAC 09.0608, family child care homes, 10A NCAC 09.1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.<sup>2</sup>

#### **Procedure**

- **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:<sup>3</sup>
    - Call 911 immediately upon suspecting SBS/AHT and inform the director.
    - Call the parents/guardians of the child.
    - Begin pediatric CPR, if the child has stopped breathing.<sup>4</sup>
- **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 e-mailing [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: (919) 560-8000*

#### **Prevention Strategies to Assist Staff\* in Handling a Crying, Fussing, or Distraught Child**

Staff must 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:<sup>5</sup>

- 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.
- Try to distract the child with a toy.
- Turn on music or white noise.

# Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

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In addition, the facility:

- Allows the staff who feel they may lose control or have a short, but relatively immediate break away from the children.<sup>6</sup>
- 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 children
- 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 ([http://ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf))
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers, and Families ([www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups))
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of infant/Toddler Researchers, pages 7-9 ([https://www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](https://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf))

### Strategies to Ensure staff Members Understand How to Care for Infants

All staff takes 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 (<https://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth>)
- The Science of Early Childhood Development, Center on the Developing Child (<http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/>)

### Resources

- *Parent Web Resources*
  - The American Academy of Pediatrics (<https://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx>)
  - The National Center on Shaken Baby Syndrome (<https://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 (<https://www.zerotothree.org/early-development>)

# Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy

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### References

1. The National Center on Shaken Baby Syndrome ([www.dontshake.org](http://www.dontshake.org))
2. NC DCDEE ([http://ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp))
3. Shaken Baby Syndrome, Mayo Clinic (<http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461>)
4. Pediatric First Aid/CPR/AED, American Red Cross ([http://www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf))
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado (<https://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 acknowledgment form that includes the individual's name, the date of 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 Acknowledgment 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 acknowledgment 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 acknowledgment.
  - The child care facility shall keep the SBS/AHT Parent Acknowledgment 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 March 1, 2017*

## Safe Arrival and Departure Procedures

**10A NCAC 09 .060a(t)** Each center shall establish safe procedures for pick-up and delivery of children. These procedures shall be communicated to parents, and a copy shall be posted in the center where they can be seen by the parents.

- Upon Arrival, all children must be accompanied inside the facility by an adult.
- Staff must be notified of the child's arrival
- Upon the child's departure, an adult must come inside the facility and notify staff that the child is leaving.
- Children will only be released to persons listed on the child's application as authorized by the parent/guardian. Staff will request to view a driver's license to verify identity of persons other than known parent/guardian.
- Authorization from parent/guardian is required in writing when anyone other than the designated person(s) as listed on the child's application arrives to pick up the child.
- When a child is transported by the facility to the child's home, an adult must be available to receive the child from the bus or van.
- Sign children in and out according to the program's policies. Daily arrival and departure times must be recorded.
- Children must never be left unattended.



# **Rose of Sharon *Preschool***

## **Policy Acknowledgment II**

I have read and accept the policies in the Safe Arrival and Departure Procedures. The director has explained the procedure and answered any questions I had.

---

Signature

Date

Dear Parents:

We walk outside of a fenced area from the building to the lunchroom and the playground daily. Please be assured we watch the children carefully while we make these walks. Please sign and date below giving us permission to walk your child to the playground and lunch.

---

Signature

Date





# Rose of Sharon Preschool

## PHOTOGRAPH AND VIDEO RETENTION / USE POLICY

Throughout the year, staff or church volunteers may be taking pictures or videos of students for various purposes. We may also periodically take photos of children who are taking part in various other preschool/church-related activities such as Easter Egg Hunts, Preschool Sunday, VBS or Trunk or Treat. These photos may be used on the preschool/church website. We feel strongly that these activities promote our programs in a positive way and help to make our children feel more positive about their preschool/church and themselves.

Rose of Sharon Baptist Church and Rose of Sharon Preschool Guidelines:

- Published photos will NOT include a child's phone number, street address or box number, or names of other family members.
- Photos will NOT include any information which indicates the physical location of a child at a given time other than attendance at a particular church or preschool activity.
- Photos will NOT contain objectionable material or point directly or indirectly to objectionable material.
- Photos MUST conform to church and preschool policies and established guidelines.
- Photos MUST comply with all copyright laws.

Additionally, all photos must be approved by church and/or preschool leaders.

Please fill out the form below if you **DO/DO NOT** give consent for your child's image to be used for the purposes indicated above. Thank you for your support of our church and preschool and its activities.

I DO DO NOT want my child's photo or video to be used for any in house or slideshows for any reason.

I DO DO NOT want my child's photo or video to be used on websites for any reason.

**Child's Name:**

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**Parent's Signature:**

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This permission form will be in effect for the duration of your child's enrollment in our church and/or preschool activities. If at any time you wish to change this, you may contact the preschool office to complete a new form.



# Rose of Sharon Preschool

## *Application for Enrollment*

### CONTRACT FOR DAY CARE SERVICES ROSE OF SHARON PRESCHOOL 4109 Guess Road, Durham, NC 27712

#### Private Paying Parents:

\_\_\_\_ I agree to pay Rose of Sharon Preschool \$\_\_\_\_\_ per week, \$\_\_\_\_\_ bi-weekly or \$\_\_\_\_\_ per month for childcare services. Sibling discount 10%, ROSBC Church Member discount 20%, and Paid Church Staff discount 10%.

\_\_\_\_ I understand that the payment is due on the first Monday of the week, bi-weekly or month for which I am paying.

#### Parents who receive Subsidized Childcare:

\_\_\_\_ I agree to pay Rose of Sharon Preschool \$\_\_\_\_\_ per week or \$\_\_\_\_\_ per month for childcare services. To do so I will pay my portion of tuition through my Parent Fee plus any additional fees that may accrue and also keep my paperwork up to date so that I can continue to receive payment from the subsidy provider.

\_\_\_\_ I agree to pay Rose of Sharon Preschool the additional cost over the fair market rate charged by the subsidy provider. Fees will be charged monthly above what the subsidy provider states as your Parent fee. Those charges will be due at the same time Parent Fees are made.

\_\_\_\_ I understand that if I fail to update my paperwork it can result in dismissal from our preschool.

#### Part Time Parents:

\_\_\_\_ Please note, parents that enroll on a part time basis will have the option of becoming full time if the space is available. You may also be asked to go full-time or give a two week notice if a new enrollee is looking for a full-time position. You will be given 7 days to make a decision. If possible, part time children can share a slot when scheduling can be worked out.

#### All Parents:

\_\_\_\_ I understand that tuition is to be paid no later than Tuesday, 10:00 am, each week or there will be a late fee of \$20.00 + \$5.00 per day for each day it is late. Failure to pay all back tuition and fees within the week will release your child's slot. Your child may return to Rose of Sharon Preschool if a slot is still open and if your back tuition and all fees are paid in full. Since we incur costs whether or not your child attends school on a given day, absences due to sickness, vacation, etc. cannot be credited for fee reduction. All fees for all children must be paid whether or not the child is in attendance.

\_\_\_\_ I understand that there is also a late fee for picking up my child enrolled on a full-time basis after 6:00 p.m. The first occurrence will be \$25.00, plus \$1.00 for each minute you are late. The fee will increase \$25.00 with each occurrence.

\_\_\_\_ A non-refundable application fee of \$50 is charged on all new applications. This fee covers the cost of accident insurance and supplies.

\_\_\_\_ If I choose to withdraw my child from the preschool, I will give a written two (2) week notice prior to the withdrawal date; or pay for two (2) weeks tuition.

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

\_\_\_\_\_  
Signature of person responsible for payment

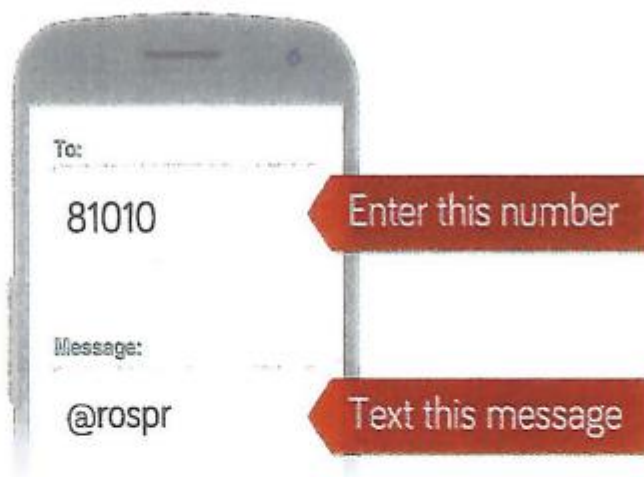
\_\_\_\_\_  
Print Name

ROS Preschool would like you to join  
ROS Preschool News!



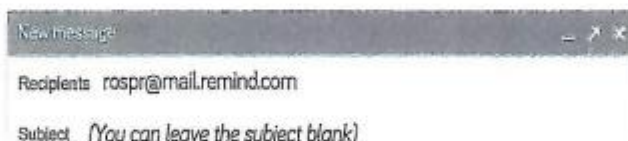
To receive messages via text, text  
**@rospr** to **81010**. You can opt-out of  
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Trouble using 81010? Try texting  
**@rospr** to **(919) 701-5313** instead.



\*Standard text message rates apply.

Or to receive messages via email, send  
an email to **rospr@mail.remind.com**. To  
unsubscribe, reply with 'unsubscribe' in  
the subject line.



## Please have at least 1 family member sign up!

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### WHAT IS REMIND AND WHY IS IT SAFE?

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