



Checklist for New Students

Dear Families,

Welcome to Hillel Preschool!

Please use the following checklist to determine if your child's packet is complete. The following items should be included in your child's file:

- Child's Application for Enrollment
- Children's Medical Report
- Child Immunization History
- Receipt of Discipline & Behavior Management Policy
- Receipt of Preschool Family Handbook
- Receipt of North Carolina Child Care Regulations
- Permission to Administer Topical Ointment Form
- Hillel On Campus Permission Form
- Nutrition Opt Out Form
- Receipt of Shaken Baby Syndrome and Abusive Head Trauma Policy
- Receipt of Safe Arrival and Departure Procedures Policy
- Hebrew Names and Birthdays
- Student Publicity Permission Form

For any questions, please contact us at Director@HillelPreschool.org.

Thank you!

CHILD'S APPLICATION FOR ENROLLMENT

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

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
 Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

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 _____

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	IPOL	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***	Pprevnar 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 Pprevnar 13 and may be seen in high risk children over age 2. These children would also have received Pprevnar 13.

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

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.

Child Immunization History

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.					

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 #** _____



Receipt of Discipline & Behavior Management Policy

Adopted July 2019

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

We:

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

We:

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

I acknowledge that I have received and read Hillel Preschool's Discipline & Behavior Management Policy, and that the facility's director/operator (or other designated staff member) has discussed the facility's Discipline & Behavior Management Policy with me.

Child's Name: _____

Date of Child's Enrollment: _____

Guardian's Name: _____

Signature: _____

Date: _____



Receipt of Family Handbook

I have received and read the Hillel Preschool Family Handbook.

I understand these policies and agree to uphold them.

If I have any questions, I understand it is my responsibility to contact the Director.

Child's Name: _____

Guardian's Name: _____

Signature: _____

Date: _____

Space and Equipment

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

Licensed centers must also meet requirements in the following areas.

Staff Requirements

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

Staff/Child Ratios

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

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

Additional Staff/Child Ratio Information:

Centers located in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

Reviewing Facility Information

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

How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education

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

Division of Child Development
and Early Education

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

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

Revised June 2019

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

What Is Child Care?

The law defines child care as:

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

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

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

Family Child Care Homes

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

Child Care Centers

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

Parental Rights

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

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

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

Child Abuse, Neglect, or Maltreatment

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

Transportation

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

Record Requirements

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

Discipline and Behavior Management

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

Training Requirements

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

Curriculum and Activities

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

Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCHs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

Two through Five Star Rated License

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

Criminal Background Checks

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



Receipt of North Carolina Child Care Regulations

I have received the North Carolina Child Care Laws and Rules brochure (June 2019).

Child's Name: _____

Guardian's Name: _____

Signature: _____

Date: _____



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ *Permission may be given for up to 12 months*

Apply to:

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

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - other (specify) _____
- We cannot accept "as needed"*

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

Parent/Guardian Signature

Date



Permission to Administer Topical Ointment/Lotion/Powder

Authorization must be provided for staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

Child's Name: _____

Name of Ointment: _____ Amount: _____

From : ___ / ___ / ___ To: ___ / ___ / ___ *Permission may be given for up to 12 months*

Apply to:

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

When:

- before going outside in the afternoon
 - after each diaper change
 - after a bowel movement
 - other (specify) _____
- We cannot accept "as needed"*

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

Parent/Guardian Signature

Date



Hillel On Campus Permission Form

Permission for activities on campus outside of the preschool building

I give permission for my child to participate in activities in the synagogue building, in unfenced areas onsite such as the green space between the preschool building and the synagogue building, and on short walks behind the preschool building.

Child's Name: _____

Guardian's Name: _____

Signature: _____

Date: _____

Tylenol administration

I give permission for a member of the Hillel Preschool staff to administer acetaminophen (Tylenol) on a one-time as-needed basis to my child. A Hillel Preschool staff member will request verbal permission in each instance before administering any medication.

Child's Name: _____

Guardian's Name: _____

Signature: _____

Date: _____



NC DEPARTMENT OF
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Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and

(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, **Hillel Preschool**, 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.

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.

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.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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-eed/

Parent web resources

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

Facility web resources

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

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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 acknowledgment
- 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.



Receipt of Shaken Baby Syndrome and Abusive Head Trauma Policy

I acknowledge that I have received and read Hillel Preschool's Shaken Baby Syndrome / Abusive Head Trauma Policy.

Child's Name: _____

Date Policy Given/Explained to Guardian: _____

Date of Child's Enrollment: _____

Guardian's Name: _____

Signature: _____

Date: _____



Receipt of Safe Arrival & Departure Procedures Policy

- Upon arrival, all children must be accompanied inside the facility by an adult.
- When dropping off your child, unless your child is enrolled in early care, please do not proceed to the classroom until 9:00am. Our teachers are working hard every morning to make sure the classrooms are prepared and that they are ready to welcome our children with open arms when they arrive.
- Staff must be notified of the child's arrival.
- At the time of the child's departure, an adult must come inside the facility and notify staff that the child is leaving.
- Core Day pick up is 1:00pm for a standard preschool day. If picking up your child early, call ahead of time to have your child ready for you. This reduces the disruption caused to the class.
- If you know that you will be late to pick up your child, we request that you call the office as early in the day as possible. If you are late to pick up your child, after 10 minutes you will be charged a \$5.00 late fee. \$1.00 per minute will be added for each additional minute past the first ten minutes. Late fees apply to 1:00pm pick up, as well as after care pick up.
- Children will only be released to people listed on the child's application as authorized by the child's guardian. Staff will request to view a driver's license to verify the identity of people other than known guardians.
- Authorization from the guardian is required in writing when anyone other than the designated contacts as listed on the child's application arrive to pick up the child.
- The guardian or authorized designee must sign children in and out according to the program's policies. Daily arrive and departure times must be recorded.
- Children must never be left unattended.

Please refer to the "Pick-up and Drop-off Information" within the Family Handbook for additional details.

I acknowledge that I have received and read Hillel's Safe Arrival & Departure Procedures Policy.

Child's Name: _____

Date Policy Given/Explained to Guardian: _____

Date of Child's Enrollment: _____

Guardian's Name: _____

Signature: _____

Date: _____



Hebrew Names & Birthdays

Child's Name: _____

1. What is your child's Hebrew name? _____

_____ My child does not have a Hebrew name.

2. What is your Hebrew name?

Mother _____

Father _____

3. Do you know your child's Hebrew birthday?

_____ Yes, the month and date according to the Jewish calendar are _____.

_____ No, I do not know my child's Hebrew birthday. His/her English birthday is

_____ (Month) _____ (Date) _____ (Year).

The time of birth was (circle one: AM / PM).

Thank you!



Student Publicity Permission Form

Child's Name: _____

For potential uses of your child's photograph, please sign and date below to indicate your consent. Names of children will **never** be included with any of these formats. Your consent must be given in order for us to use your child's photograph in the following ways:

1. Newsletter and Shutterfly:

I consent to my child's photograph being used in Hillel Preschool's weekly e-newsletter. This newsletter is only shared with other families in the school.

Signature: _____ Date: _____

2. Brochures:

I consent to my child's photograph being used in printed marketing materials.

Signature: _____ Date: _____

3. Website:

I consent to my child's photograph being used on the Hillel Preschool website.

Signature: _____ Date: _____

4. Social Media (photo):

I consent to my child's photograph being published on social media sites (Facebook and Instagram).

Signature: _____ Date: _____

5. Social Media (video):

I consent to my child's participation in video clips published on social media sites (Facebook and Instagram).

Signature: _____ Date: _____