



**SCHOOL  
ADMISSIONS PACKET**



### Enrollment Contract

1. Enrollment: I understand that the eleven (11) monthly tuition payments for the \_\_\_\_\_ Academic School Year is (dollar amount) \_\_\_\_\_ per month. My child's schedule is: \_\_\_\_ (# of days) \_\_\_\_\_ type of day (full/half). The tuition includes teacher workdays, professional development days and conference days, holidays, Fall Break, Spring Break and one week for Summer Break. The payments, as provided on the payment schedule, are due and payable the 1st of each month. Tuition not paid in full by the 5th of the month will be assessed a \$50 late fee per month. After 30 days, notification will be made that the account is in arrears. Payment in full is expected within 15 days of notification for the child to be eligible to continue in the program. I agree to pay the entire years tuition in the amount specified on the attached payment schedule regardless of the number of days that my child attends school. Note: Accounts 60 days in arrears or more may be asked to submit all payments due according to the terms of this contract may be asked to withdraw immediately from the Preschool program and the account may be sent to collections due to non-payment.

2. Tuition Deposit: Upon acceptance, a non-refundable/non-transferable Tuition Deposit must accompany this contract to secure placement for the student for the academic year. Contracts will be renewed each year.

3. Early Withdrawal: If the student should withdraw for any reason, a written withdrawal notification is required no later than 30 days prior to withdrawal. There will also be a \$250.00 early withdrawal fee due prior to last day of enrollment. Parents/guardians will be entitled to a refund of/or part of tuition for payments that they may have pre-paid for any future months. If a student withdraws for any reason after the start of the academic year, the parent is obligated to pay the full tuition as contracted up to their withdrawal date. However, students can be asked to withdraw if they are not fully toilet learned, they are not able to feed themselves, excessive disciplinary issues, etc. These incidences are handled on a case-by-case basis.

4. There is a 5% discount for families who choose to pay the entire year's tuition in advance.

5. Tuition payments will be invoiced and sent directly to the parent/guardian's email address. You will have the option of making an online payment through this invoice. We will send out an invoice one week prior to your tuition due date. You will have the option to pay directly from your bank account or pay by check in person.

Credit Card \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

By signing below, I agree to the terms and conditions of this Enrollment Contract:

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

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

Director \_\_\_\_\_ Date \_\_\_\_\_



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

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

## 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 Revised 8/2017

### CHILD INFORMATION:

Date of Birth: \_\_\_\_\_

Full Name : \_\_\_\_\_ ( Last, First, Middle)

Nickname \_\_\_\_\_

Child's Physical

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

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

Parent1/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

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

\_\_\_\_\_

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

Parent 2/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 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, 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. Administrator name \_\_\_\_\_ 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 #** \_\_\_\_\_



## Emergency Contact Information

<b>Child's Name:</b>		<b>DOB:</b>	
<b>Hours Attending (Circle one)</b>	(Half day) ( Full day) (Full Day + Early care) (Full Day +After School Care) Full Day + Before and Aftercare)	<b>Number of Days Enrolled:</b>	<b>Enrollment Date:</b>
<b>Allergies:</b>		<b>Require Epi-pen?</b>	

**\*\*In case of an emergency, whom shall we call first? \_\_\_\_\_**

### Parent Information:

<b>Parent 1 Name:</b>		<b>Home Phone:</b>	
<b>Email Address:</b>		<b>Cell Phone:</b>	
<b>Workplace:</b>		<b>Work Phone:</b>	

<b>Parent 2 Name:</b>		<b>Home Phone:</b>	
<b>Email Address:</b>		<b>Cell Phone:</b>	
<b>Workplace:</b>		<b>Work Phone:</b>	

**Emergency Contacts: (Person other than parents who is within a 15-mile radius of the school)**

<b>Name:</b>		<b>Home Phone:</b>	
<b>Address:</b>		<b>Cell Phone:</b>	
<b>Relationship to child:</b>		<b>Work Phone:</b>	

<b>Name:</b>		<b>Home Phone:</b>	
<b>Address:</b>		<b>Cell Phone:</b>	
<b>Relationship to child:</b>		<b>Work Phone:</b>	

### Emergency Medical Information:

<b>Child's Physician:</b>		<b>Phone:</b>	
<b>Child's Dentist:</b>		<b>Phone:</b>	
<b>Preferred Hospital:</b>		<b>Phone:</b>	

**Pick-Up Authorization: Please list additional people authorized to pick up your child(ren)**

<b>Name/Relationship:</b>		<b>Phone:</b>	
<b>Name/Relationship:</b>		<b>Phone:</b>	
<b>Name/Relationship:</b>		<b>Phone:</b>	
<b>Name/Relationship:</b>		<b>Phone:</b>	



## DISCIPLINE POLICY

It is very important a child's development is nurtured through caring, patience and understanding. We feel that positive reinforcement is an effective method of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, we at Magnolia Montessori Academy use a positive approach to discipline and practices the following discipline and behavior management techniques:

WE DO	WE DO NOT
Communicate to children using positive statements.	Use any strategy that hurts, shames, or belittles a child.
Communicate with children on their level	Use any strategy that threatens, intimidates, or forces a child.
Talk with children in a calm quiet manner	Use food as a form of reward or punishment
Explain unacceptable behavior to children.	Use or withhold physical activity as a punishment.
Encourage the children to make wise choices	Shame or punish a child if a bathroom accident occurs
Reason with and set limits for the children	Embarrass any child in front of others
Model appropriate behavior	Compare children
Set up the classroom environment to prevent problems	Place children in a locked and/or dark room
Provide alternatives and redirect children to acceptable activity	Leave any child alone, unattended or without supervision
Give children opportunities to make choices and solve problems	Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)
Help children talk out problems and think of solutions.	Allow discipline of a child by other children
Listen to children and respect the children's needs and feelings	Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups
Provide appropriate words to help solve conflicts	
Give children problem solving tools to work through common conflicts	

**\*\* Conferences will be scheduled with parents if disciplinary problems occur. If a child's behavior consistently endangers the safety of him/herself or children around him/her, then the Director has the right, (after meeting with the parents and documenting behavior problems and interventions), to disenroll that child.**

*My signature below indicates that I have received a copy of the discipline policy, I have reviewed this policy in its entirety, and I understand this policy.*

Child's Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





## Permission to use Photograph

### Photography Release

I \_\_\_\_\_ grant Magnolia Montessori Academy the right to take photographs of my child \_\_\_\_\_ in connection with all school activities or events. I authorize, Magnolia Montessori Academy, its assigns, and transferees to use and publish the same in print and/or electronically. Names will remain anonymous.

I agree that Magnolia Montessori Academy will may use such photographs of my child with or without my knowledge, for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_



**Magnolia Montessori Academy**

**PERMISSION FOR TRANSPORT OF CHILDREN**

I \_\_\_\_\_ give permission for \_\_\_\_\_  
(Parent) (Child's name) to be  
transported to \_\_\_\_\_.  
Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_ Method of  
Travel \_\_\_\_\_ Transportation  
Provider(s) \_\_\_\_\_  
\_\_\_\_\_ Other  
important  
information \_\_\_\_\_  
\_\_\_\_\_ Permission to transport is valid  
for \_\_\_\_\_ to \_\_\_\_\_. (up to 12 months)  
Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_



## Nutrition Opt Out Form

Effective July 1, 2012, changes occurred to General Statute 110-91(2) h.1 to give parental exceptions that allow a parent or guardian of a child enrolled in a childcare facility may: (i) provide food and beverages to their child that may not meet the nutrition standards adopted by the NC Child Care Commission and (ii) opt out of any supplemental food program provided by the childcare facility.

Effective December 1, 2012, childcare rules were ratified to implement the law. Child Care Rules .0901(c) and 1706 (b) 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 \_\_\_\_\_ (parent, guardian name) plan to provide all meals, snacks and 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.

X \_\_\_\_\_

Parent/Guardian Signature



## Safe Arrival and Departure Procedures

Please read and sign below:

1. Upon arrival, all children must be accompanied and released at the door of the facility by an adult.  
Staff will greet the child upon arrival. Staff will sign the child in our attendance log.
2. Upon the child's departure, an adult must come inside the facility and notify staff that the child is leaving. Staff will sign out the child in our attendance log.
3. 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.
4. 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.
5. Children will NEVER be released to anyone who has not been authorized to pick up the child.
6. Teachers will sign children in and out according to the program's policies. Daily arrival and departure times must be recorded.
7. Children will never be left unattended.

\_\_\_\_ (Initial here) I understand and agree to abide by Magnolia Montessori Academy's Safe Arrival and Departure Procedures

Parent's name (Print Please) \_\_\_\_\_

Parent's Signature \_\_\_\_\_



Date \_\_\_\_\_

**Shaken Baby Prevention Acknowledgement Form**

I, the parent or guardian of \_\_\_\_\_ (Child's Name)

Acknowledges that I have read and received a copy of Magnolia Montessori Academy Shaken Baby Syndrome/ Abusive Head Trauma Policy.

Date policy given or explained to parent/guardian /Date of child's enrollment.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

**Handbook Acknowledgement Form**

I, the parent of \_\_\_\_\_ (Child's Name) have read and understand the Magnolia Montessori Academy Parent Handbook accessed on the school website.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

**Summary of North Carolina Child Care Law and Rules Acknowledgement Form**

I, the parent of \_\_\_\_\_ (Child's Name) have read and understand the Summary of NC Childcare Law and Rules

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian



## HOLD HARMLESS RELEASE FORM & INDEMNITY AGREEMENT

1. I have the right to make decisions concerning the care, custody, and control of each child. I understand that activities at Magnolia Montessori Academy may involve the risk of physical injury.

2. I expressly assume all risks associated with my child's participation in the activities, including, but not limited to, risks associated with:

\* Marked and unmarked obstacles; surfaces covered with ice and snow; inclement weather; high altitude; wildlife encounters; interactions with

\* Other children; playing, eating and/or sleeping in a childcare environment and sharing facilities with others; taking field trips and leaving the premises through various means of transport. I recognize that injuries are a common and ordinary occurrence during childcare activities. I have been informed and understand all rules and regulations of my child's participation in the Activities. Recognizing these risks, I voluntarily choose to allow to allow my child to participate in the activities.

3. In consideration for allowing my child to participate in the activities, I agree to hold harmless, release and defend, indemnify and not to sue Magnolia Montessori Academy from any and all liability and/or claims that I or third parties may bring as a result of physical injury, including property damage arising from my child's participation in the activities.

4. My child is in good health and has no special problems associated with his or her condition. I authorize a licensed medical care provider to carry out any emergency medical care which may be necessary and agree to be fully responsible for any associated costs.

**I ACKNOWLEDGE THAT THIS RELEASE WILL APPLY FOR EACH AND EVERY TIME I OR MY CHILD PARTICIPATES IN THE ACTIVITY.**

\_\_\_\_\_  
**Parent 1 Signature**

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

\_\_\_\_\_  
**Parent 2 Signature**

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



## ATTENDANCE POLICY

### PURPOSE

Magnolia Montessori Academy is committed to providing a quality education for every student in our care. We firmly believe that consistent attendance teaches children responsibility. Students learn the value of being punctual and prepared. Frequent absences and tardiness result in loss of continuity of instruction. Also, frequent absences and tardiness prove disruptive for students and teachers. Absences as well as tardiness may negatively affect the student's learning. Excessive unexcused absences/tardiness may lead to a student's permanent dismissal from the school.

Parents are expected to take a proactive role in ensuring their children attend school. We recommend that families plan vacation around the existing school calendar. We highly encourage these appointments be made outside of school hours. If appointments are scheduled during school hours, parents are required to notify the school in advance for the time that the student will be absent or tardy.

The school will seek to accurately monitor and record attendance information, (fall and spring). This policy will be provided to parents/guardian and will be signed upon receipt. The policy will be available for review by parents or interested parties on our school website:

**[www.magnoliamontessoriacademync.org](http://www.magnoliamontessoriacademync.org)**

### POLICY

**Absence:** A student's nonattendance at school for one day or part of the day.

*Children are considered absent if they have not arrived at school prior to 10:00am unless accompanied by a doctor's note or valid excuse.*

#### **Valid Excuse** (Excused Absence)

- a) an illness
- b) death of a family or close friend
- c) a documented medical appointment
- d) a family emergency
- e) an approved school activity
- f) a preapproved extended absence for family activity or travel
- g) an absence permitted by an individualized education program or accommodation plan.
- h) required state or county appointments.
- i) natural disasters
- j) religious observation

k) parent is too ill to drive child to school.

**Invalid Excuse (Unexcused Absences/Tardiness)**

- a) Oversleeping/Alarm failure
- b) Family vacations that were not pre-approved
- c) Needing sleep or rest (Child is tired)
- d) Personal grooming (barbershop or beauty salon visit)
- e) Going to work with a parent.
- f) Shopping
- g) Waiting for service repair people to arrive
- h) Child did not cooperate.

**Attendance Requirements:** Students are allowed a maximum of seven (7) unexcused days per year.

**Excused Absences or Tardiness:** A written communication (email or text) documenting a valid excuse.

**Extended Absence:** A parent/guardian may request approval from the director at least five (5) days prior to student's extended absence.

**Tardiness:** A student is tardy if he or she is not inside of the classroom no later than 8:30am. Students are allowed five (5) tardiness per quarter. If a child is chronically tardy, a notice will be sent home after the 2<sup>nd</sup> tardy. After four (4) tardiness, a meeting with director to review the situation and will outline the appropriate corrective action. Consistent or Chronic tardiness can result in dismissal from the school.

**Arrival past 10:00am** causes students to miss key lessons and will not allow your child to have enough instructional time. ***\*\*Children arriving after 10:00am will be considered absent and not be admitted to school.***

**Late Arrival for Pick up:** Our school hours are 8:30am-12:00pm (half day schedule), 8:30am-3:30pm (full day schedule) 7:30am-6:00pm (extended day schedule). Parents who arrive late to pick up their child from school, will be charged a fee of \$3.00 per minute that they are late after their scheduled pick-up time. Tardiness will be documented, and the late fee will be added to your monthly tuition.

**Early Check out:** Leaving school prior to instructional time- Please turn in a written explanation (email or text) as to why the child must be picked up early.

**I have read, understand and this Attendance Policy:**

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_





**Volunteer Hours Log Sheet**

Parent Volunteer Name: \_\_\_\_\_

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

Project/Task/Event/Activity	Date(s)	Hours

Please keep for your records



### **Permission to Play Outside the Fenced Area**

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

I give permission for my child to participate in activities outside the fenced area away from the childcare facility. Activities may include but are not limited to fire drills, nature walks, and/or emergency situations.

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

Parent permission to play outside the fenced area is valid if the child is enrolled.



## OFF PREMISES ACTIVITIES FORM

<b>A. Parent and Child Information</b>		
Name of Parent	Telephone # (Primary)	
Name of Child	Telephone # (Secondary)	
<b>B. Emergency Contact Information (Non-Parent)</b>		
Name	Telephone #	
<b>C. Authorized Destination/Departure and Return Times</b>		
Location: Off Premise Activity	Departure Time	Return Time
<b>D. Parent Signature and Date</b>		
Permission to participate is valid from (Give Date up to 12 months)		
Signature of parent or Guardian	Date	



I, \_\_\_\_\_

Understand that Magnolia Montessori Academy is a Non-Smoking and Tobacco Zone. Smoking is not permitted within or outside of the facility.

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Parent(s) Signature Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

The North Carolina Child Care Health and Safety Resource Center [www.healthychildcarenc.org](http://www.healthychildcarenc.org) ☐ 800.367.2229

The NC Resource Center is a project of the Department of Maternal and Child Health, UNC Gillings's School of Global Public Health Developed November 2016 Belief Statement.

We, \_\_\_\_\_ (**Magnolia Montessori Academy**), 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 childcare, and educating families. Background SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death

1. According to North Carolina Child Care Rule (childcare centers, 10A NCAC 09 .0608, family childcare homes, 10A NCAC 09 .1726), each childcare 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:**

- o Call 911 immediately upon suspecting SBS/AHT and inform the director.
- o Call the parents/guardians.
- o If the child has stopped breathing, trained staff will begin pediatric CPR4.

### Reporting:

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

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, or sick. If no physical need is identified, staff will attempt one or more of the following strategies5:

- Take the child for a walk.
- Sing or talk to the child.
- Gently rub or stroke the child's back.
- 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.

