



## Success Academy - Camden County 2021-2022 NC Pre-K Application

Success Academy  
151 Gumberry Road, Camden, NC 27921 Phone:  
(252) 331-1116

*Please return completed application and required documentation to the office at Success Academy. This application is not complete without proper proof of the child's birth date, proof of residency, and all sources of family income. You must also submit a current health assessment, dental screening, and immunization records.*

*Contact Tabitha Simpson with questions at 252-331-1116 or [tabitha@aacfnc.org](mailto:tabitha@aacfnc.org).*

<b>Child's Information</b>			
Child's First Name:		Last Name:	
Date of Birth:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (Please check all that apply): <input type="checkbox"/> Native American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White			
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Pacific Islander/Hawaiian	
Is the child a US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No/Do not know			
Is child a North Carolina resident?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
County of Residence:		Application Date:	
<b>Family Information</b>			
Legal Custodian (if not parent):			
Family Address:		City:	State: Zip:
Primary Phone Number:		Alternate Phone Number:	
Email where parent/custodian can be reached:			
With whom does the child reside? <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Both parents <input type="checkbox"/> Legal Custodian			
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other, please specify: _____			
Does the child live with an adult blood relative or with a non-relative who has legal custody or guardianship?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the child live with an adult who has legal custody or guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the child lives with an adult who has legal custody, is the adult a relative or non-relative who has legal custody or guardianship? <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Non-relative <input type="checkbox"/> Unknown			
Housing status: <input type="checkbox"/> Permanent <input type="checkbox"/> Homeless or Emergency Homeless Shelter <input type="checkbox"/> Hotel/Motel			
<input type="checkbox"/> Battered Women and Children Shelter <input type="checkbox"/> Hospital for 30 days or under			
<input type="checkbox"/> Lack of permanent nighttime address <input type="checkbox"/> Other: _____			
<b>Family Size (List all family members in the household.)</b>			
Name	Relationship to Child	Date of Birth	Provide details if the family member has special needs.
Total number of adults in the house: _____ Total number of children under the age of 18 in the house: _____			
Total number of family members in house: _____			



**Income Documentation: Please submit check stubs for each employed parent for two consecutive pay periods, child support, retirement, worker's compensation, statement from supervisor, IRS 1040, unemployment/social security benefits letters or copies of all W-2s.**

**Mother/Stepmother/Guardian Information: (only if living in the home)**

Name:

Phone Number Home:

Cell:

Work:

Check all that apply: ☐ Employed      Number of hours worked per week: \_\_\_\_\_  
☐ Attending secondary education      ☐ Attending high school/GED      ☐ Attending job training  
☐ Seeking Employment      ☐ Other Employment/Explain:

Wages Before Taxes	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Alimony	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Child Support	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Worker's Comp	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Unemployment	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
SSI/TANF/Work First	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Overtime	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly

**Father/Stepfather/Guardian Information: (only if living in the home)**

Name:

Phone Number Home:

Cell:

Work:

Check all that apply: ☐ Employed      Number of hours worked per week: \_\_\_\_\_  
☐ Attending secondary education      ☐ Attending high school/GED      ☐ Attending job training  
☐ Seeking Employment      ☐ Other Employment/Explain:

Wages Before Taxes	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Alimony	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Child Support	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Worker's Comp	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Unemployment	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
SSI/TANF/Work First	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
Overtime	\$	This amount is	<input type="checkbox"/> Yearly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Twice Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly

**Home Language Survey**

Is your child Limited English Proficient: ☐ Yes ☐ No

What is the primary language spoken in the home?

In what language would you like for your child to be screened?

**Military Involvement**

Is at least one parent or legal guardian on this child an active duty member of the military? ☐ Yes ☐ No

Was a parent or legal guardian of this child seriously injured or killed while on active duty? ☐ Yes ☐ No

**Additional Health and Developmental Factors**

Does your child have a chronic health condition?

☐ Yes *(Please indicate areas of concern with check below.)*☐ No

If yes, include appropriate documentation or sign below to release records to the child care agency.

<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Anemia
<input type="checkbox"/>	Weight	<input type="checkbox"/>	Behavior/Emotional	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High Lead Level	<input type="checkbox"/>	Hyperactivity
<input type="checkbox"/>	Other:				

Has your child been diagnosed with a disability and have an active IEP?

☐ Yes *(Please indicate area of disabilities with check below.)*☐ No

If yes, include appropriate documentation or sign below to release records to the child care agency.

<input type="checkbox"/>	Autistic	<input type="checkbox"/>	Deaf/Blind	<input type="checkbox"/>	Hearing Impaired
<input type="checkbox"/>	Multi-handicapped	<input type="checkbox"/>	Other Health Impaired	<input type="checkbox"/>	Developmental Delay
<input type="checkbox"/>	Orthopedically Impaired	<input type="checkbox"/>	Speech/Language Impaired	<input type="checkbox"/>	Visually Impaired
<input type="checkbox"/>	Traumatic Brain Injury Other:				

I give permission for \_\_\_\_\_ to provide a copy of the IEP, developmental  
*(Doctor's Name / Facility / Testing Location)*

screening, or other information pertaining to chronic health conditions, disabilities, or IEP to the Perquimans Central School NC Pre-K screening staff.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Prior Placement at the time of enrollment**

<input type="checkbox"/>	Child has never been served in any preschool or child care setting
<input type="checkbox"/>	Child is currently unserved (at home now but may previously have been in child care or some other preschool program)
<input type="checkbox"/>	Child is currently enrolled in Headstart
<input type="checkbox"/>	Child is in unregulated child care
<input type="checkbox"/>	Child is in a one or two-star facility
<input type="checkbox"/>	Child is not receiving subsidy but is in some kind of regulated child care or preschool program
<input type="checkbox"/>	Child is receiving subsidy and is in some kind of regulated child care or preschool program.

☐ Yes ☐ No Was the child previously served by Success Academy as a three year old?**Parent/Guardian Signature**

I certify that all information provided is true, correct, and complete. I understand that demographic, medical, and financial information is provided to document eligibility for receipt of program funds. Program staff may verify information on this application. Deliberate misrepresentation may void the application and subject me to prosecution under applicable state laws.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*(\*If guardian signs, attach documentation of guardianship.)*



**Initial next to each statement:**

\_\_\_\_\_ I understand that if my child is selected for participation, family involvement is expected. My family will cooperate with programs to submit necessary documentation and applications for services.

\_\_\_\_\_ I understand that if there is a change in my child's address, phone number, or attendance it is my responsibility to notify the Success Academy office and inform them of changes.

\_\_\_\_\_ I understand that my child will need a current, updated health assessment before she/he attends a program, along with a current copy of immunization record.

\_\_\_\_\_ I understand that due to program guidelines and funding my child may be placed on a waiting list.

\_\_\_\_\_ I understand that the program follows Child Care Center guidelines as provided by the NC Division of Child Development and Early Education and Success Academy policies and procedures student/parent handbook.

\_\_\_\_\_ I understand that it is important that my child attend every day that he/she is able to attend.

\_\_\_\_\_ I have received and read the NC Child Care Laws and Rules Summary.

\_\_\_\_\_ I have received and read the Discipline and Behavior Management Policy.

\_\_\_\_\_ I have received and read the Policy for Prevention of Shaken Baby Syndrome and Abusive Head Trauma.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Would your family need after care services for an additional fee?

YES

NO

**Completed applications must be returned to the Success Academy office.**

### 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. The minimum staff/child ratios and group sizes for single-age groups of children in centers are shown below and must be posted in each classroom. The staff/child ratios for multi-age groupings are outlined in the child care rules and require prior approval.

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](http://www.ncchildcare.ncdhhs.gov).

### How to Report a Problem

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

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



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 January 2021

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: <https://ncchildcare.ncdohhs.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: <https://ncchildcare.ncdohhs.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.

# Discipline and Behavior Management Policy

Success Academy/NC PREK

Adopted August 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 for not sleeping during rest period.
7. DO NOT discipline children by assigning chores that require contact with or use of hazardous materials, such as cleaning bathrooms, floors, or emptying diaper pails.
8. DO NOT withhold or require physical activity, such as running laps and doing push-ups, as punishment.
9. DO NOT yell at, shame, humiliate, frighten, threaten, or bully children.
10. DO NOT restrain children as a form of discipline unless the child's safety or the safety of others is at risk.

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma

### Belief Statement

We, Success 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 child care, and educating families.

### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death<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/Practice

Recognizing:

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

Responding to:

- If SBS/ABT is suspected, staff will<sup>3</sup>:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR<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 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, 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.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, the facility:

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

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

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

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

### Resources

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

Albemarle Alliance for Children and Families

#### Parent web resources

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

#### Facility web resources

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

#### Application

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

#### Communication

##### 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.

# 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 # \_\_\_\_\_

## Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a **dental screening** must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

**Child's Name:** \_\_\_\_\_  
**Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Gender:** Male      Female  
**Parent or Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone number:** \_\_\_\_\_ **School/Pre-K:** \_\_\_\_\_

**Screener's Name** \_\_\_\_\_ **Screening Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Organization/Practice Name** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Professional affiliation (please check one):**

\_\_\_\_ Dentist  
\_\_\_\_ Dental Hygienist  
\_\_\_\_ Physician  
\_\_\_\_ Physician Assistant  
\_\_\_\_ Registered Nurse  
\_\_\_\_ Other Health Professional: \_\_\_\_\_

**Pattern of early childhood cavities:**

- ☐ No cavities/decay present or no obvious problem
- ☐ Cavities/decay present or dental care needed (comment required)
- ☐ Referral for Urgent Care (comment required)

**Comments:**

**Signature** \_\_\_\_\_

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