



Hello parents,

We are involved in a texting service where we can send you a text if we are going to close or have a delay due to bad weather. We are also going to use this if we ever have to evacuate the building for any reason and have relocated to a safe location. We just want to make sure we have all parents registered in our texting service because this will be our first attempt to contact all parents.

If you are not registered or are not sure if you are all you have to do is text the,

Keyword: EZJN77315 to 313131

And please fill out the bottom of this page so we can personalize your numbers with your name.

Child's name(s) _____

Parent name _____ Number _____

Parent name _____ Number _____

If you have any question you can see me or Mrs. Krystal in the office.

Thank you,

Ms. Tami Thomas, Director



Medical Statement for Meal Modifications

Please find additional guidance below when completing the medical statement and complying with 7 CFR § 15b, 7 CFR § 225.16(f)(4) and § 226.20(g).

General Information

- For CACFP, a medical statement is required for individuals with **any physical or mental impairment** (i.e. disability or medical condition) which substantially limits one or more "major bodily functions" and may also include conditions affecting "major life activities." *Examples: food allergy or intolerance, any condition that affects the digestive tract (e.g., lactose intolerance), diabetes, developmental delay, autism, celiac disease, renal disease, and failure to thrive.*
 - A participant's impairment should be accommodated even if medication or other mitigating measures reduce the impact of the impairment.
- Requirements of the medical statement:
 - A description of the participant's impairment that allows the Program operator to understand how it restricts the participant's diet. (*Example: Due to Johnny's medical condition he cannot consume eggs*)
 - Explanation of what must be done to accommodate the impairment. In the case of food allergies, this means identifying the food(s) that need to be omitted and recommending alternatives. (*Example: Omit peanut butter and substitute sunflower butter*)
 - It is highly recommended that the food(s) to be substituted be listed on the medical statement. If the substitution is absent, the medical statement remains valid and the Program operator may speak with the parent, guardian or participating adult to learn the food(s) to be substituted. (*Example: almond milk substituted for cow's milk*)
- Meal modifications following the meal patterns do not require a medical statement (*Example: soy milk that is nutritionally equivalent to cow's milk substituted for cow's milk*). Parents or guardians or participating adults may request these non-dairy beverages in writing.
- Program operators may choose to accommodate requests related to impairments without medical statements if the requested modifications can be met within the CACFP meal patterns.

CACFP Program Operators

- Program operators should not engage in weighing medical evidence against the legal standard to determine whether a physical or mental impairment is severe enough to qualify as a disability. The primary objective is providing appropriate accommodations. (*Example: The Program operator may not ask about medical history, request medical documentation nor for the medical diagnoses; operators may not ask how long a participant has had a physical or mental impairment.*)
- Meals that do not meet the Program meal pattern requirements are not eligible for reimbursement unless supported by a medical statement.
- Program operators must make reasonable modifications to the meal(s), including providing special meals at no extra charge, to accommodate impairments which restrict a participant's diet. Program operators are not required to make modifications that would result in a fundamental alteration in the nature of the Program (e.g., the financial burden of making the accommodation would cause continued operation to be unfeasible).
- Program operators are not required to provide the exact substitution or other modification requested but must work with the parent or guardian or participating adult to offer a reasonable modification that effectively accommodates the impairment and provides equal opportunity to participate or benefit from the Program (*Example: Program operators may not just say "no"; their duty is to negotiate a reasonable modification*).



North Carolina Department of Health and Human Services
Division of Public Health Nutrition Services Branch
Child and Adult Care Food Program (CACFP)
Medical Statement for Meal Modifications



Institution Name: Neighbors Grove CDC

Agreement Number: 6417

This document does not apply to meal modifications made for dietary preferences or religious reasons.

The information collected below is required for CACFP participants with medical conditions (i.e., physical or mental impairments) requiring meal modifications. Reasonable modifications *must* be made to accommodate children and adults with medical conditions (e.g., diabetes, lactose intolerance, food allergy, etc.) restricting their diet. **Meals that do not meet CACFP meal pattern requirements must be supported by this medical statement or comparable documentation signed by a North Carolina (NC) licensed healthcare professional authorized to write prescriptions under state law.**

Child/Adult Participant Information

Name: _____ DOB: _____
Parent/Guardian Name (if applicable): _____

CACFP Facility Information

Facility Name: _____ Facility Phone: _____
Facility Representative Name: _____ Facility Address: _____

To be completed by licensed healthcare professional

Describe the Physical or Mental Impairment Restricting the Diet:

Examples: Sara is allergic to cow's milk and soy milk; Ben does not tolerate strawberries and they cause hives, itchy skin, gastrointestinal distress and diarrhea; Julian has a food allergy and cannot drink cow's milk.

Beverages and/or Foods to Omit:

Beverages and/or Foods to be Substituted:
(strongly recommended)

Other Special Dietary Needs or Modifications Needed

Textural modification, caloric modification, adaptive equipment or other modifications (describe, if applicable):

Authorized Signature

Name of Licensed Healthcare Professional

Title

Signature

Date

Reference: CACFP 17-09(a) Modifications to Accommodate Disabilities in the CACFP

This institution is an equal opportunity provider.
Medical statements are confidential and are securely maintained.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Belief Statement

We, Neighbors Grove (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death¹. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT².

Procedure/Practice

Recognizing:

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

Responding to:

- If SBS/ABT is suspected, staff will³:
 - Call 911 immediately upon suspecting SBS/AHT and inform the director.
 - Call the parents/guardians.
 - If the child has stopped breathing, trained staff will begin pediatric CPR⁴.

Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing webmasterdcd@dhhs.nc.gov.
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 336-683-8010

Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies⁵:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other _____
- Other _____

In addition, the facility:

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



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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/

Resources

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

Parent web resources

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

Facility web resources

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



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

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 acknowledgement
- The child care facility shall keep the SBS/AHT staff acknowledgement form in the staff member's file.

Parents/Guardians

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

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

01/10/18
Effective Date

This policy was reviewed and approved by:

Jane Thomas
Owner/Director (recommended)

01/29/18
Date

DCDEE Child Care Consultant (recommended)

Date

Child Care Health Consultant (recommended)

Date

Annual Review Dates



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____

Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date



For the health of its children, parents, and staff, the facilities and grounds of Neighbors Grove Child Development Center have been designated

Smoke Free

By the NC Division of Child Development and Early Education.

Thank you for your cooperation!

I _____ have read this policy and agree to abide by it.

Signature _____ Date _____



Blanket Transportation Permission Slip

Neighbors Grove Child Development Center will schedule field trips from time to time in our three's and Pre-K departments. During these trips, your child will be transported by our preschool bus. Do to insurance reasons, parents are not allowed to ride on the bus. Parents are welcome and encouraged to participate in our field trips. I authorize Neighbors Grove Child Development Center to transport my child during scheduled field trips. I realize that Neighbors Grove CDC will schedule each trip in advance and send home a written permission slip that I must sign before my child will be permitted to participate in the off campus activity.

Parent Signature

Date



Photo Release

I, _____, hereby give permission to have my child included in any video or photos taken for promotional materials or for use on the Neighbors Grove Child Development Centers website.

Parent's Name (print) _____

Parent's Signature _____

Child's Name _____

Date: _____



Statement of NC Child Care Law Receipt

I, _____ the parent/guardian of

_____ do hereby acknowledge that I have

received a summary of the NC Child Care Law.

Parent/guardian signature

Date

I have carefully read and understand ALL policies and procedures laid out in this parent handbook. I also understand by signing below, I am responsible for abiding by ALL guidelines set forth.

Child's name: _____

Age: _____

Parents Signature: _____

Date: _____