

# CHILD'S APPLICATION.....CEDAR BLUFF PLAY SCHOOL, INC.

Date of Tour of Center	
Date of Admission	
Child's Date of Birth	
Child's Social Security number	

**Name of Child** \_\_\_\_\_ **Child is called** \_\_\_\_\_

<b>Mother's Name</b>	
Mother's Phone Number	
Home Address	
Mother's Work	
Work Phone Number	
Work Address	
Work Hours	
Mother's Email Address	
<b>Father's Name</b>	
Father's Phone Number	
Home Address	
Father's Work	
Work Phone Number	
Work Address	
Work Hours	
Father's Email Address	

**To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.** \_\_\_\_\_

<b>Physician's Name</b>	
Dr. Office Phone Number	
Dr. Office Address	
<b>Emergency Contact Name(s)</b>	
Phone numbers	
Home Address	
Work phone number	
Work Address	

Enrollment is conditional upon a 90-day trial period during which both applicant and caregiver will ascertain if the center and the child are compatible. Care for the child may be discontinued during this period of time without penalty. Any child who cannot be cared for in our center may seek another caregiver through the referral hot line, 1-800-462-8261. No intoxicated person may pick up any child from our center. In the event this circumstance should occur, your emergency contact person will be called. If necessary, law enforcement may be contacted. \_\_\_\_\_(initial) Cedar Bluff Play School, Inc. has my permission to release my records to other agencies at their request. \_\_\_\_\_(initial) Any parent or custodian must be prevented by court order from picking up a child before consent can be denied. A copy of this court order must be on file at the center. \_\_\_\_\_(initial)

# CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_

Parent/Guardian Name (Last name, first name, middle) \_\_\_\_\_

Phone (please include area code xxx-xxx-xxxx) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Religious Exemption**

Check here if religious exemption to immunization selected by parent/guardian

**Health Examination Documentation (if required)**

This child has been examined: MM / DD / YY

Certified by (Signature/Stamp) \_\_\_\_\_

**Check if needed**

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Total Doses	Diagnosed (YY)	+Serology (YY)	History (YY)	Medical Exemption (X)
<b>Required Vaccines for School or Child Care Attendance</b>												
Hib Child Care Only (<5 years)												
Pneumococcal (PCV) Child Care Only (<5 years)												
DTP, DTaP, DT, Td												
Poliomyelitis												
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used										YY		
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011										YY		
Measles										YY		
Mumps										YY		
Rubella										YY		
Varicella									YY	YY	YY	
Tdap Booster 7 <sup>th</sup> Grade Entry Only												
<b>Recommended Vaccines (Documentation Optional)</b>												
Rotavirus												
Influenza												
Meningococcal												
HPV												

**This section must be completed by provider (✓select one\*)**

- A) Temporary - Expiration Date MM / DD / YYYY  
*Expiration one month after date next catch-up immunization is due.*
- B) Child Care Up to Date  
*Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.*
- C) Child Care / Pre-School / Pre-K Complete\*  
*Fulfills requirements for child care / pre-school <5 years of age.*
- D) Complete K-6<sup>th</sup> Grade\*  
*Fulfills requirements, Kindergarten through 6<sup>th</sup> grade.*
- E) Complete 7<sup>th</sup> grade or higher  
*Fulfills requirements, 7<sup>th</sup> grade or higher.*

\*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department: \_\_\_\_\_

Certified by (Signature/Stamp) \_\_\_\_\_

MM / DD / YYYY  
Date of Issue

## Child Information Sheet

What are some ways the child plays at home? \_\_\_\_\_ Does the child play with children from other families? \_\_\_\_\_ Does the entire family get together at any time during the day? \_\_\_\_\_

### EATING HABITS

What does your child eat for BREAKFAST \_\_\_\_\_  
LUNCH \_\_\_\_\_ DINNER \_\_\_\_\_, SNACK \_\_\_\_\_

What is the general attitude toward eating? \_\_\_\_\_

List favorite foods \_\_\_\_\_

Disliked foods: \_\_\_\_\_ Foods Allergic to: \_\_\_\_\_

### SLEEPING HABITS

Child sleeps from \_\_\_\_\_ to \_\_\_\_\_

What is child's attitude toward regarding naptime? \_\_\_\_\_

Does child wet the bed? \_\_\_\_\_ If yes, how is this handled \_\_\_\_\_

### TOILET HABITS

How many times is child taken to the bathroom per day \_\_\_\_\_

Does the child go alone \_\_\_\_\_ Time and regularity of bowel movements \_\_\_\_\_

What words does child use for urinating and BM \_\_\_\_\_

### SPEECH AND PHYSICAL GROWTH

Does child speak well \_\_\_\_\_ Does anyone read to child \_\_\_\_\_ Additional information \_\_\_\_\_

I have received a summary of licensing requirements. I do hereby authorize Emergency Medical Care \_\_\_\_\_

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

Date of Withdrawal \_\_\_\_\_

**CHILD'S HEALTH HISTORY**

**NAME OF CHILD** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**PARENT OR GUARDIAN'S NAME** \_\_\_\_\_ Answers to the questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please **CIRCLE** the appropriate answer below. We will go over the checklist with you when you have finished completing it.

**PREGNANCY AND BIRTH**

YES	NO	1.	Were there any problems with pregnancy or your child's birth?
YES	NO	2.	Was baby's birth weight under 5.5 lbs?
YES	NO	3.	Did baby have any problems in the hospital?

**MEDICAL PROBLEMS**

YES	NO	1.	Has your child ever been in the hospital overnight?
YES	NO	2.	Is your child taking any medications?
YES	NO	3.	Are there any allergies or reactions to medicine, DTP or other shots, or insect bites?
YES	NO	4.	Has your child had asthma or wheezing?
YES	NO	5.	Does your child have speech or hearing problems?
YES	NO	6.	Has your child had more than two ear infections in one year?
YES	NO	7.	Has your child had tonsillitis?
YES	NO	8.	Does your child have trouble with eyes or seeing?
YES	NO	9.	Has child had a bladder or kidney infection?
YES	NO	10	Does child have burning when urinating?
YES	NO	11	Does child have seizures?
YES	NO	12	Does child have a heart murmur?
YES	NO	13	Does child have difficulty playing as long as other children ?
YES	NO	14	Has child had any reaction to a TB test?
YES	NO	15	Is child a hemophiliac (free bleeder)?
YES	NO	16	Is your child on a heart monitor?
YES	NO	17	Does child have tubes in ears?
YES	NO	1.	Is child in special ED classes in school?
YES	NO	2.	Does child get along well with other children?
YES	NO	3.	Does your child have any special needs not indicated above? Please explain if any answers were yes. _____

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## SPECIAL NEEDS, ALLERGIES, and CONDITIONS

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CHILD'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ WORK \_\_\_\_\_

### SPECIAL NEED/ALLERGY OR CONDITION DESCRIPTION/REACTION:

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Is child on medication: \_\_\_\_\_ Name of medication \_\_\_\_\_

How often \_\_\_\_\_ Reaction \_\_\_\_\_

What will parents provide for child? Ie. EpiPen, special food, sunscreen, bug spray, etc. \_\_\_\_\_

### Communications with Medical Professionals:

Date \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Specialty \_\_\_\_\_ Contact Name \_\_\_\_\_

Comments: \_\_\_\_\_

### Section below for Center staff only:

Special Procedures or Activities for Teachers to follow: \_\_\_\_\_

HAS A STOP SIGN BEEN PREPARED IN KITCHEN AND CHILD'S CLASSROOM \_\_\_\_\_

Special needs discussed WITH STAFF \_\_\_\_\_

Special needs include but not limited to: allergies to food, insect bites, medications, other. Special needs may also include emotional or behavioral issues or conditions such as ADD and may be undiagnosed or diagnosed.

# **SPECIAL CIRCUMSTANCES POLICY STATEMENT**

PLEASE INITIAL BESIDE EACH

## **\_\_\_\_\_ ANSWERING MACHINE PROTOCOL**

Our phone system is equipped with a voice mail service. We are able to call into the service as often as necessary but at least once every thirty minutes for messages. If you reach our answering service, we are either on the other line, busy with another parent, away from the office, or in a classroom. Please leave a message or wait a few minutes and call again. We appreciate your patience and we know that you understand that our first priority is caring for the children. Your call is very important also and we will get back to you as soon as we are able.

## **\_\_\_\_\_ PERMISSION FORM FOR SUNSCREEN AND BUG SPRAY APPLICATION**

By initialing above, you are authorizing Cedar Bluff Play School to apply sunscreen and/or bug spray to your child as needed before outdoor activities. This statement confirms that your child has no known allergies to these products, or you have indicated so on the allergies form and a stop sign has been placed in the classroom. Cedar Bluff Play School is authorized to use their purchased products unless you specify and provide another product.

## **\_\_\_\_\_ SPECIAL CIRCUMSTANCES**

It is the parent's responsibility to communicate any allergies, special needs, concerns, behavioral issues or parent preferences we need to know about a child. These circumstances should be addressed at the time of enrollment and the teachers in the classroom should have procedures established for them and notices posted to reflect them.

## **\_\_\_\_\_ MOVIES**

By initialing above, you are giving your permission for your child to watch movies provided in the classroom. These movies are listed in each classroom and stored near the television. These movies are rated G and age appropriate for each classroom. The viewing time is only when appropriate and limited to no more than 1 hour per day.

## **\_\_\_\_\_ BELONGINGS**

By initialing above, you understand it is your responsibility to label all belongings.

## **\_\_\_\_\_ DISASTER MANAGEMENT POLICIES AND PROCEDURES**

Copies of the Emergency planning and disaster management policies and procedures must be given to each family enrolled in Cedar Bluff Play School. Your initials indicate you have received this information.

## **\_\_\_\_\_ POTTY TRAINING IN PRE-K CLASS**

All children must be promoted to the Pre-K class once they turn four years old. All children in our Pre-K classroom must be fully potty trained. If your child is four years old and is not yet potty trained you may have to make alternate childcare arrangements. Your initials indicate you understand this policy.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND AGREE TO THE POLICIES, CIRCUMSTANCES, AND PROCEDURES OUTLINED ABOVE.**

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**PARENT'S SIGNATURE**

**DATE**

## CBPS PARENT'S SIGNATURE PAGE

1. My signature indicates that I have received and understand CBPS's policies and herby agree to the conditions set forth.

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

2. My signature indicates that I have received the CBPS rate sheet and I understand what and when I am responsible for paying.

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

3. My signature indicates that I have received information on child abuse, and I understand that it is my responsibility to report child abuse if I suspect it. I also understand that if CBPS staff suspects child abuse, it is their responsibility to report it.

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

4. My signature indicates that I have received a summary of the licensing requirements and herby agree to the conditions set forth.

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

5. By signing this agreement, I the parent/guardian understand that I must retain receipts for tax purposes. CBPS is not required to provide itemized payment records.

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

6. My signature indicates that any outside visitor such as, Knox Co. Health Department Licensing Advisor, Licensed Resource Centers, etc. has my permission to observe my child.

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

7. My signature below indicates that I understand CBPS's late payments policy. All payments are due Monday morning prior to receiving care. We will charge a \$5.00 per day late fee. If we have not received your payment by Tuesday, your child will not be able to attend our program until payment is made.

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

**Our Daily Bread CACFP  
ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE**

Cedar Bluff Playschool, Inc. / Nichole Ringer

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**Name of Child Care Facility / Director Name**

**Instructions:** This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued on September 1, 2004, by the U.S. Department of Agriculture. The Addendum will be valid for one calendar year from the date of the parent or guardian's signature.

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**Participant Name:** \_\_\_\_\_  
Last First Middle Initial Date of Birth

**Enrollment Date:** \_\_\_\_\_ **Special Needs Child**

**Normal Days of Care (Circle as Appropriate)**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Normal Hours of Care during School Year:** \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

**Normal Hours of Care during Summer:** \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

**Participant Meals (Circle as Appropriate):**

Breakfast AM Supplement Lunch  
PM Supplement Supper Evening Supplement

**Parent/Guardian Name:** \_\_\_\_\_  
Last First Middle Initial

**Parent/Guardian Daytime Telephone Number (with Area Code):** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date of Signature**



### CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for	Child's First Name	MI	Child's Last Name	Foster Chi	Migrant	Runaway	Homeles	Head Sta
	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3) CASE NUMBER:

Write only one case number in this space.

**Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.**

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income  \$

**B. All Adult Household Members (Including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Week	Monthly	2x Month		Weekly	Bi-Week	Monthly	2x Month		Weekly	Bi-Week	Monthly	2x Month
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Total Household Members (Children and ) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member             Check if on SS

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City State Zip	Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	- A friend or extended family member regularly gives a child spending money
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> <li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>- Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment benefits</li> <li>- Workers compensation</li> <li>- Supplemental Security Income (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Veterans benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security (including railroad retirement and black lung benefits)</li> <li>- Private Pensions or disability benefits</li> <li>- Income from trusts or estates</li> <li>- Annuities</li> <li>- Investment income</li> <li>- Earned interest</li> <li>- Rental income</li> <li>- Regular cash payments from outside household</li> </ul>

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter

MAIL/BA by: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW

FAX: (202) 690-7442; or  
 EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
 This institution is an equal opportunity provider.

**\*Only use this address if you are filing a complaint of discrimination.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income  How often?  Weekly  Bi-Weekly  Monthly  2x Month Household size  Categorial Eligibility  Eligibility  Free  Reduced  Denied

Determining Official's Signature      Date      Confirming Official's Signature      Date      Follow-up Official's Signature      Date

# ***Building For the Future***

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups: )
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

## **Participating Facilities**

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

## **Eligibility**

State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

## **Contact**

### **Information**

If you have questions about CACFP, please contact you State Agency or sponsoring organization.



USDA is an equal opportunity provider and employer

English Version

**INCOME ELIGIBILITY APPLICATION INSTRUCTIONS**

**PART 1A – PARTICIPANT INFORMATION: All HOUSEHOLDS COMPLETE THIS PART.**

(1) Print the name of the child(ren) enrolled at the child care institution.

**PART 2A – HOUSEHOLDS RECEIVING SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS, FAMILIES FIRST CASH ASSISTANCE OR FAMILIES FIRST CHILD CARE ASSISTANCE: COMPLETE THIS PART AND PART 4.**

(1) Enter your household's current case number for Supplemental Nutrition Assistance Program, Families First Cash Assistance or Families First Child Care Assistance. Do not complete Part 2B.  
 (2) An adult household member must sign the statement in Part 3.

**PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART AND PART 4.**

(1) Write the names of everyone in your household.  
 (2) Write the amount of the income received on a yearly basis for each household member. The income may be for the current month, the amount projected for the first month the application is made for, or for the month prior to application. This income is the amount before taxes or any deductions are made. Also, indicate the source of the income. Refer to examples below for income to report.

**INCOME TO REPORT**

<u>Earnings from Work</u>	<u>Retirement/Social Security</u>	<u>Other Income Sources</u>	<u>Child Support/Alimony</u>
Wages/salaries/tips	Pensions	Disability benefits	Alimony/child support
Strike benefits	Supplemental Security Income	Cash withdrawn from savings	benefits/payments
Unemployment benefits	Retirement income	Interest/dividends	
Worker's Compensation	Veteran's payments	Income from estates/trusts/investments	
Net income from self-employment	Social Security Income	Regular contributions from persons not living in the household	
		Net royalties/annuities/net rental income	

**PART 2C - HOUSEHOLDS WITH A FOSTER CHILD: COMPLETE THIS PART AND PART 4 – A foster child is the legal responsibility of a children services agency or court.**

(1) List the foster child's "personal use" income and how often it is received. Write "0" if the foster child does not have "personal use" income. - Do not list any other children, household members or income. "Personal use" income is (a) money provided by the children services agency and identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.  
 (2) A foster parent or other official representing the child must sign the statement in PART 4.

**PART 3 – MEDICAID AND STATE CHILDREN'S HEALTH INSURANCE PROGRAMS** – Federal law allows the sharing of the information on this application with Medicaid and State Children's Health Insurance Programs. At this time, no procedures are in place to share this information. Since the procedures to share this information with the Medicaid and State Children's Health Insurance Programs may be established in the future, please indicate if you do not want this information to be shared. The Medicaid and State Children's Health Insurance Programs can only use the information to identify children who may be eligible for free or low cost health insurance and to enroll them in either Medicaid or the State Children's Health Insurance Program. They are not allowed to use the information for any other purpose. If this information is not shared, it will not affect the eligibility of your child(ren) for free or reduced-price meals. If you do not want to share the information with the Medicaid and State Children's Health Insurance Programs, please indicate this decision by entering a check.

**PART 4 – SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part.**

(1) All income eligibility statements must have the signature of an adult household member.  
 (2) The adult household member who signs the statement must include his/her Social Security Number. If he/she does not have a Social Security Number, write "none". If you listed an ACCENT case number for Supplemental Nutrition Assistance Program or Families First cash assistance, or a case number for Families First Child Care Assistance, a Social Security Number is not needed.  
 (3) The income eligibility application is valid for one calendar year from the date of the signature of the Determining Official. You will be contacted by the staff of the child care institution serving your child(ren) to update the information contained in this application before the close of the eligibility period. The staff of the child care institution is required to verify and certify the eligibility of your household every 12 months. Section 9 of the National School Lunch Act requires that, unless the participant's Supplemental Nutrition Assistance Program or Families First case number is provided, you must include the Social Security Number of the household member signing the statement or an indication that the household member signing the statement does not possess a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Supplemental Nutrition Assistance Program or Families First office to determine current certification for receipt of Supplemental Nutrition Assistance Program or Families First cash assistance, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**PART 5 - RACIAL/ETHNIC IDENTITY:** You are not required to answer this question to receive meal benefits. However, this information will help ensure that everyone is treated fairly.

No person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the CACFP on the grounds of race, color, sex, age, disability, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.

# Cedar Bluff Play School Policy Statement

## **Enrollment**

All enrollment forms must be completed, all fees paid, and all immunizations up to date 2 days prior to admission to the program. Parents and children must have a pre-enrollment visit to meet the teachers and view the appropriate classroom. A non-refundable registration fee of \$80.00 per family is due upon enrollment and annually thereafter on the first Monday in March.

Students and staff are admitted on a 90-day trial basis. If a child cannot adjust to a group setting or if behavior problems prevent smooth classroom maintenance, we reserve the right to request that a child be placed elsewhere. We will work diligently to provide appropriate care for all children in our program and will keep you aware of any problems.

## **Hours of Operation**

Our center is open from 6:30 a.m. to 6:00 p.m. Monday through Friday. Children are not allowed in the building before we open. Your child must be in attendance prior to 9:30 a.m. unless we have been notified of a doctor's appointment and you have a doctor's note. We do not allow drop off or pickup during naptime, 12:15 to 2:15 p.m. We lock up and staff clock out at 6:00 p.m. so please plan accordingly to arrive earlier if you need extra time at departure or to discuss any questions or concerns. We charge a \$1.00 per minute late fee for any children who are here after 6:00 p.m.

## **Payments**

Fees are due in advance each Monday morning. Payments late will require a late fee of \$5.00 per day. If we have not received payment by Tuesday, your child will not be permitted to attend our program until we receive the full payment. Your weekly fee is due each week, whether your child attends or not. If our center is closed for inclement weather or holidays the full weekly payment still applies. Twice a year you will have the ability to receive a 50% discount off of your weekly fee if your child misses an entire week for vacation or illness. This discount may not be used during holiday weeks.

## **Drop off and Pick up**

Each child must be signed in and out daily. Only adults specified on your child's application will be able to pick up. Please notify management if someone different will be picking up your child. All adults other than parents will have to show photo ID before children will be released to them. No child will ever be released to anyone whose behavior may place the child in imminent risk.

## **Sick Policy**

Sick children will not be admitted into the center. If a child has a fever or becomes sick throughout the day, we will call the parents and ask that the child be picked up and taken home or to the doctor if needed. Children will be sent home for the following: a fever of 101 or higher, three or more diarrhea, vomiting twice, lice or nits, drainage from or redness/ swelling of the eye. Parents must be able to be reached immediately in case of illness, injury, or another emergency. Phone numbers and additional persons available in an emergency must be kept current and on file. We will call your emergency contact person if you are unavailable. It is the parent's responsibility to inform the center of any communicable diseases, and in return we will inform the rest of the building of what illness their child may have been exposed to.

We will administer medications when needed. Only prescription medicines with the name, date, and dosage clearly indicated may be given. No non-prescription medication may be given without specific instruction from your child's physician applying to the named child only. All medication must be locked in our medicine box. The proper forms must be filled out in our office for any medication to be given.

## **Immunization Records**

Children's immunization records must be kept up to date to comply with state law. A child whose immunization record is not kept current in a timely manner will be terminated. Please be sure to ask your doctor for a copy of your child's record each time they get immunizations.

## **What we provide and what you provide**

- We provide a breakfast at 9:00 a.m., lunch at 11:15 a.m., and a snack at 2:15 p.m. Breakfast and lunch are served with milk and the afternoon snack is served with fruit juice. If your child is dropped off before 8:00 a.m. you may send them with a healthy breakfast. Otherwise, children may not bring food into the center unless it is previously agreed to by the director and there is enough food to serve the entire class.
- We provide a nap mat, sheet, and blanket. However, if your child would like to bring his or her own small blanket they may. The blanket must be able to fold up small enough to fit into a cubby basket.
- We provide sunscreen and bug spray to be applied when children are on the playground. If you prefer a specific brand, please label it with your child's first and last name and give it their teacher.
- We provide sippy cups for children under 2 1/2.
- Parents provide formula or breastmilk and baby food for infants.
- For children who are not potty trained, parents will provide diapers, wipes, and diaper cream if needed.

- Parents provide a change of clothes appropriate for the current season to be left in the child's cubby.
- Children should not bring money, toys, food, or dangerous objects to school.
- Personal items that are misplaced or lost such as coats, hats, bags, etc. must have an incident report filled out stating the description of the item, the date the item disappeared, the suspected whereabouts and the approximate value or replacement cost. We will always attempt to locate these items or give a reasonable credit to the customer's account if we are not able to find them. Please be sure all of your child's items that are left at the center are labeled.

## **Holidays**

The center will be closed for the following holidays:

- New Year's Eve
- New Year's Day
- MLK Jr. Day
- President's Day (Teacher training)
- Good Friday
- Memorial Day
- Juneteenth
- 4<sup>th</sup> of July
- Labor Day
- Thanksgiving and the Friday after
- Christmas Eve
- Christmas Day

We do charge for these holiday weeks regardless of attendance. Half week discounts cannot be used for these holiday weeks.

## **Other Policies**

We do not discriminate for reasons of color, creed, race, or disabilities.

In case of inclement weather, we will leave an outgoing message on our voicemail as well as send an email with any delays or cancellations.

CBPS campus has a no alcohol, tobacco, and firearms policy. These items are prohibited on the premises including the parking lot.

Open house, parent conferences, progress reports, and special events are scheduled throughout the year so that you may meet our staff members and monitor your child's progress.

Our center has a voice mail service and we check this service every half hour for messages. If you reach our voice mail service, we are either on the phone, away from our desk or in a meeting. Please leave a message or wait a few minutes and call back.

In case of an emergency after hours please contact the owner, Nichole Ringer, at 865-474-0363.

A two-week written notice is required to take a child out of our program. Parents are responsible for the payment of those two weeks whether the child attends or not.

Returned checks will require the amount of the check plus a \$39.00 fee to be paid before the child will be able to stay in our care. Also, after one returned check the only form of payment that will be accepted is cash.

Children attending less than a full day program shall be offered a proportional amount of the physical activity time as required by TDHS licensure rules.

Physical activity for children ages three years and older must be a balance of structured and unstructured play, both indoors and outdoors (weather permitting) utilizing age-appropriate activities.

CBPS shall provide education (i.e., via parent meetings, provider newsletter articles, sharing of educational video resources, etc.) to families twice each year that addresses the importance of limiting screen time according to the current American Academy of Pediatrics policy and the development of a Family Media Plan.

Children shall not be allowed to remain sedentary or to sit passively for more than 60 minutes continuously, except for scheduled rest or naptime.

CBPS director shall take GO NAP SACC Self Assessments (Infant and Child Safety Physical Activity & Screen Time) to compare their physical activity practices to best practice standards.

CBPS teachers must ensure physical activity is a positive experience for children and that it is never used negatively or to control behavior.

Teachers shall ensure appropriate infant and child feeding patterns, including breastfeeding. All educators shall be trained to: advocate for breastfeeding, safely prepare expressed breast milk for feeding, feed infants according to their individual needs, and store expressed breast milk properly.

CBPS publicly displays their support for breastfeeding infants and mothers by posting signage or other publicly facing information (i.e., participate in Breastfeeding Welcomed Here through the TN Department of Health or Team Nutrition Resources for new and expectant moms about breastfeeding.)

CBPS teachers shall ensure appropriate infant and child feeding patterns, including adequate time for snack and meal consumption and age-appropriate portion size.

CBPS shall provide education to families twice each year (i.e., via parent meetings, provider newsletter articles, sharing of educational video resources, etc.) that address nutritional learning experiences, with a focus on adequate time for snacks and meals and age-appropriate portion size.

All eating opportunities shall consist of a respect for the child and promotion of a positive attitude toward food.

CBPS shall apply evidence-based early food preference learning strategies such as introducing healthy foods, repeatedly pairing new healthy food choices with foods children already like and modeling consumption and enjoyment of healthy foods.

The child care provider campus shall be free of all tobacco and tobacco-related products, including smoking, smokeless and electronic products. The campus is inclusive of all vehicles used to transport enrolled children, all outdoor spaces, and all indoor locations, whether or not children are present. Child care employees and volunteers may not use tobacco or tobacco-related products while off-campus at provider-related activities (i.e. fieldtrips, walks, and all other outdoor activities)

Employees who use tobacco products while off campus are required to change clothes and wash hands thoroughly prior to interacting with children.

"No Smoking" signs shall be posted conspicuously at each entrance, as required by state law.



# CEDAR BLUFF PLAY SCHOOL, INC.

Dear Parents:

Our child care center's philosophy is to keep your child safe at all times when he/she is in our care. Dictated by recent world and local events, we have developed an emergency plan that will be put into place in the event that special circumstances require a different type of care. Plans for these special types of care are reviewed annually. Staff is trained in the appropriate response and local emergency management is aware of these plans. The specific type of emergency will guide where and what special care will be provided.

- **Shelter at the Site** – This plan would be put in place in the event of weather emergency or unsafe outside conditions or threats. In this plan, children will be cared for indoors at the center and the center may be secured or locked to restrict entry. Parents will be notified if they need to pick up their child before regular time.
- **Evacuation to another site** – This plan would be put into place in the event that it is not safe for the children to remain at the center. In this situation, staff has predetermined alternate sites for care. The choice of site is determined by the specific emergency and what would be an appropriate alternate site.
- **Method to contact parents** – In the event of an emergency parents will be called, an email will be sent, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. You can also check for information by calling our main office at (865) 693-6050. Depending on the distance from the center, the children will walk if feasible or be transported to the alternate site.
- **Emergency ends/reuniting with children** – When the emergency ends, parents will be informed and reunited with their children as soon as possible. The contact methods listed above will be used to inform parents.

The purpose for sharing this information with you is not to cause you worry, but to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of your child. If you have questions regarding this information, talk with the center director or assistant directors.

Sincerely,

CEDAR BLUFF PLAY SCHOOL, INC.

Stacie Tice, Director

Dear Parent:

This newsletter will provide you with information on the prevention, detection and reporting of child abuse. Tennessee legislature passed a law in 1985 requiring that all child care agencies provide parents with this information. We hope this will be helpful and informative for you. We encourage each of you to share your concerns, feelings and questions about this issue with us at any time. Awe will also assist you in locating resources or more information regarding abuse and neglect. The following information was obtained on Department of Children's Services website at [www.tennessee.gov](http://www.tennessee.gov).

## What is Abuse?

[What is Abuse?](#) | [Who Should Report Child Abuse?](#) | [What Happens When I Call Central Intake?](#)

To report abuse or neglect: 1.877.237.0004 or [click here](#).

Child abuse and neglect occurs when a child is mistreated, resulting in injury or risk of harm. Abuse can be physical, verbal, emotional or sexual.

**Physical Abuse** is non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.

**Physical Neglect** is the failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. This may include, but is not limited to abandonment, lack of supervision, life endangering physical hygiene, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental that results in health threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

**Sexual Abuse** includes penetration or external touching of a child's intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child's presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child's caretaker to make a reasonable effort to stop child sexual abuse by another person.

**Emotional Abuse** includes verbal assaults, ignoring and indifference or constant family conflict. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.

Child abuse can happen anywhere -- in poor, middle-class or well-to-do homes, in rural or urban areas.

## Who Should Report Child Abuse?

[What is Abuse?](#) | [Who Should Report Child Abuse?](#) | [What Happens When I Call Central Intake?](#)

Somewhere in your community there is a family who has a serious problem. The children in that family are being abused and neglected by their parents.

According to Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members and friends) must report suspected cases of child abuse or neglect. Failure to report child abuse or neglect is a violation of the law.

**If you believe a child has been abused or neglected call 877-237-0004 to report it.**

### **Possible Indicators of Abuse and Neglect:**

- The child has repeated injuries that are not properly treated or adequately explained.
- The child begins acting in unusual ways ranging from disruptive & aggressive to passive & withdrawn.
- The child acts in the role of parent toward their brothers and sisters or even toward their own parents.
- The child may have disturbed sleep (nightmares, bed wetting, fear of sleeping alone, needing nightlight).
- The child loses his/her appetite, overeats, or may report being hungry.
- There is a sudden drop in school grades or participation in activities.
- The child may act in stylized ways, such as sexual behavior that is not normal for his/her age group.
- The child may report abusive or neglectful acts.

The above signs indicate that something is wrong but do not necessarily point to abuse. However, if you notice these signs early, you may be able to prevent abuse or neglect.

- **Parents who abuse or neglect their children may show some common characteristics:**
  - Possible drug/alcohol history
  - Disorganized home life
  - May seem to be isolated from the community and have no close friends
  - When asked about a child's injury, may offer conflicting reasons or no explanation at all
  - May seem unwilling or unable to provide for a child's basic needs
  - May not have age appropriate expectations of their children
  - May use harsh discipline that is not appropriate for child's age or behavior
  - Were abused or neglected as a child

Parents who abuse their children need help, but few are able to admit the problem and seek assistance.

Long-term trends show that more than 85 percent of the perpetrators of child abuse and neglect in Tennessee were the parents or relatives of the victims.

Staffs at schools, day cares and institutions were perpetrators in only 2 percent of the investigations. Adolescents as well as adults can be perpetrators of abuse.

### **What Happens in an Investigation?**

The process of investigation can include talking with the alleged child victim (or observing a young, nonverbal child), parents and/or alleged perpetrator. CPS workers will gather pertinent medical and psychological

information and will work with their counterparts in the medical, psychological, judicial and law-enforcement fields. The investigations can also include interviews of neighbors or friends who have knowledge of the child's situation.

The emphasis remains on constantly evaluating the risk to the alleged child victim during the entire investigative process.

In reports involving severe child abuse, DCS will notify the local district attorney and law enforcement offices. These include reports that involve a child's death or serious injury or situations involving torture, malnutrition and child sexual abuse.

Furthermore, Tennessee law requires local Child Protective Investigation Teams review certain cases. The CPIT in each county includes representatives from DCS, the local district attorney general's office, juvenile court, law enforcement and the mental-health profession.

## What Happens When I Call Central Intake?

[What is Abuse?](#) | [Who Should Report Child Abuse?](#) | [What Happens When I Call Central Intake?](#)

To report abuse or neglect: 1.877.237.0004 or [click here](#).

When a person notifies the Department of Children's Services regarding possible abuse or neglect of a child, Children's Services case managers determine how quickly to respond with an investigation. They must assess the referral information and focus on the present and future risks to the child.

Considering the condition of the child and the risk of future maltreatment helps a case manager know how to quickly to respond to an abuse or neglect referral and what priority to assign that referral.

DCS accepts reports of child maltreatment provided it meets the following three criteria:

- The report pertains to a child under the age of 18 years.
- The report alleges harm or imminent risk of harm to the child.
- The alleged perpetrator is:
  - a parent or caretaker
  - a relative or other person living in the home
  - an educator, volunteer, employee of recreational/organizational setting who is responsible for the child
  - any individual providing treatment, care or supervision for the child.

DCS accepts all referrals involving sexual abuse of children under the age of 13 years regardless of the previous relationship between the alleged victim and the alleged perpetrator.

DCS does not investigate sexual abuse allegations of a child 13 to 18 years old by an alleged perpetrator who does not have a relationship with the child, as defined above unless the child is in the department's custody. DCS may assist law enforcement or the district attorney's office in such cases.

Here's the information you'll be asked to provide if you call to report child abuse:

- Nature of the harm or specific incident(s) that precipitated the report
- Specific allegation(s), date(s) and descriptions(s) of the injuries or dangers Identities of alleged perpetrator(s) and their relationships to the victim
- Witnesses to the incident(s) and how to reach those witnesses
- Details of any physical evidence available
- Perpetrator's current access to the child Present condition of the child (alone, in need of medical attention, etc.)
- The location of the child and directions to get there
- Any statements from the child Parent's or perpetrator's explanation of the alleged child victim's condition or the incident
- Parent's current emotional, physical or mental state, especially feelings about the child and reactions to the report
- How the reporter came to know the information and the reporter's thoughts about the likelihood of further harm to the child.

The reporter's identity is confidential, but a name should be given so the department could follow up with the reporter if necessary. The reporter is free from civil or criminal liability for reports of suspected child abuse or neglect made in good faith.

# COMMUNITY RESOURCES

DHS MAIN NUMBER	Service Center Hotline	Utilities	Information/Referral
594-6151	1-866-311-4287	Salvation Army	C.O.N.T.A.C.T
<b>Mental Health Services</b>		LIHeap	Refuge
342-1910		KUB Social Services	Knoxville Information & Referral
215-5456		CAC (general assistance)	CAC
947-6220		Ladies of Charity	<b>Substance Abuse</b>
670-9231		Refuge	Agape
5440406		<b>Disability</b>	Sisters of the Rainbow
525-9711		Disability Resources Center	Knox County Medical Detox
637-9711		Knox County Center for Deaf	EM Jellinek Center
974-2161		Knox County Center for Blind	Helen Ross McNabb Holston College
584-1561		T-Pal Hotline	Helen Ross McNabb Springdale
970-9800		<b>Medical/Dental</b>	Knox County CAC
<b>Home Health, Hospice, Homemaker</b>		Knox County Health Dept	Great Starts
524-7483		Interfaith Health Clinic	Peninsula Outpatient
594-6054		Ladies of Charity (some meds)	Renew (women only)
691-2551		Refuge (some meds)	Renew (men only)
524-2786		<b>Transportation</b>	Centerpointe McNabb Center
523-2920		Bus KAT	Gateway (adolescents)
546-5579		CAC	<b>Food</b>
<b>Shelter</b>		TN. Care Trans.	Baptist Center Tues & Thurs
525-9401		ETHRA	Children Church of God M-Th food bags
546-4813		<b>Hospitals, Free Clinic, etc</b>	2nd & 4th Sat. Breakfast 7-11AM
673-6540		Cherokee Health (Talbot)	Harvest Rock Ministry
971-4673		Interfaith Clinic	Ladies of Charity
673-0235		Knox County Health Dept	Mon-Fri 10-12 & 2-4
637-8000		TN Dept of Health ET Region	Refuge Gay St.
523-6126		Refuge Volunteer Ministry	Salvation Army Broadway
<b>Clothing</b>		Volunteer Ministry Clinic	Angel Food Ministry Norwood UMC
525-9068		Ladies of Charity	Friendship Bapt. Church
522-6341		<b>Legal Assistance</b>	West Lonsdale Baptist Church
594-3791		Legal aid	Trinity United Meth.
525-9401		Referral Services	Buffatt Heights Bapt. Church
<b>Housing</b>		UT Legal Clinic	Hillcrest UMC
545-4384		Volunteer Legal Assistance	Bethel Ame
403-1100		<b>Problem Pregnancy</b>	Washington Pike UMC
637-7942		Hope Resource Center	<b>Hospitality Pantries</b>
<b>Rent</b>		Planned Parenthood	Corryton Thurs 10to2 MWF 10 to 1
577-7591		Florence Crittenton	600 Chestnut Tues & W 10 to 1
637-0235		Lisa Ross Birth & Womens	115 Ogle St Fri. 10 to 3
525-9401			WIC 140 Dameron Ave.

Dear Parent:

A parent meeting will be held on \_\_\_\_\_ to explain the personal safety curriculum to be used in your child's classroom as mandated by state law. If you are unable to attend this brief meeting, a packet of information will be handed out to inform you of the curriculum content.

We have chosen GROWING UP STRONG AND SAFE which is provided to us by the Department of Human Services. The curriculum we will be teaching is not sex education. It is designed to help young children develop information and skills to help prevent sex abuse.

Our curriculum will begin \_\_\_\_\_ and will take about six weeks to complete. Your packet contains information from each of the units being taught so that you can reinforce the concepts at home.

If you have any questions about the curriculum please give us a call or be sure to attend the meeting.

Thanks,

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Management, CEDAR BLUFF PLAY SCHOOL, INC.

**SUMMARY OF LICENSING REQUIREMENTS FOR CHILD CARE CENTERS**

This summary is a guide for parents of children in child care centers. It outlines some of the requirements child care agencies must meet in order to be licensed. The Department of Human Services is legally responsible for licensing child care centers with 13 or more children. **The purpose of licensing is to protect your child.** Questions about these requirements or concerns about an agency's compliance should be referred to the local DHS office. You may ask your agency to see the complete set of center rules or you can access the rules through the Department's website at: <http://tn.gov/humanservices/topic/child-care-services>

**Ownership, Organization, and Administration**

- Every child care center shall have an on-site director.
- General liability, automobile liability and medical payment insurance coverage shall be maintained on the operations of the child care agency's facilities and vehicles.
- Enrollment of children under six (6) weeks of age is prohibited.
- Children shall not be in care for more than twelve (12) hours in a twenty-four (24) hour period except in special circumstances.
- Written documentation that the parent performed an on-site visit to the agency to review the agency's facility and child care policies & practices prior to enrolling the child (not required for children of homeless families).
- A copy of the agency's policies, procedures, and the Department's Summary of Licensing Requirements shall be supplied to the parent upon admission of the child.
- Parents shall be permitted to see the professional credential(s) of staff upon request.
- During operating hours, parents shall be permitted immediate access to their children.
- Children shall only be signed in and out of the center by the parent or other person specifically authorized by the parent or the appropriate staff person.
- Children's Records
  - Written consent for emergency medical care.
  - Written plan stating to whom the child shall be released.
  - Written transportation agreement between parent and the center regarding daily transportation.
  - Daily attendance that includes time in and time out for each child.
  - Prior written permission of parent for each off-site activity.
  - The records of any child who is five (5) years old in an agency which lacks approved kindergarten status shall include a signed acknowledgment by the child's parents that recognizes that the child's attendance does not satisfy the mandatory kindergarten prerequisite for the child's enrollment in first grade.
  - Children who are homeless or in state custody may receive care for up to thirty (30) days without documentation of immunizations.
- Incidents, accidents and injuries shall be reported to the parent as soon as possible, but no later than the child's release to the parent or authorized representative.
- Incidents, accidents and injuries to children shall be documented immediately and must include: date & time of occurrence, description of circumstances, and actions taken by agency.

- The agency or agency staff shall not disclose or knowingly permit the use by other persons of any information concerning a child or family except as required by law.
- During hours of operation the current license and agency report card shall be posted near the main entrance in a conspicuous location.
- Written expulsion policy clearly shared with parents and staff.

**Supervision**

- All areas of the building and grounds shall be visually inspected for children prior to closing the agency for the day.
- Children six (6) weeks through nine (9) years of age:
  - Adult must be able to hear the child at all times, be able to see the child with a quick glance, and be able to physically respond immediately.
  - Exception: during mealtime an adult must be in the direct sight and sound of children ages six (6) weeks through five (5) years of age, not in kindergarten, while the child is eating.
- Children ten (10) years of age and older:
  - Adult must know the whereabouts and activities of the children at all times.
  - Each child shall be greeted and received by a specific caregiver who will have ultimate responsibility for their supervision and care.
  - When children leave a caregiver's assigned area and go to another, the center shall implement a system to track the whereabouts of each child and recognize the transfer of responsibility from one caregiver to another.
- When children ages ten (10) and above are grouped with children under ten (10) the minimum supervision requirements for children six (6) weeks through nine (9) years shall apply.
- When more than twelve (12) children are present on the premises a second adult must be physically available on the premises.
- When more than twelve (12) children in first grade and above are present, a separate group, space and program shall be provided for them.
- Each child must be on roll in a defined group and assigned to that group with a specific caregiver(s).
- Infants shall not be grouped with children older than thirty (30) months, and a separate area shall be provided for them.
- Children shall be kept with the same group throughout the day and shall not be moved, shuffled, or promoted to a new group until required based upon the developmental needs of the child, however

- Groups, excluding infants & toddlers may be combined for short periods for special activities of no more than thirty (30) minutes per day
- Groups, excluding infants & toddlers may be combined for up to one (1) hour at the beginning & end of the day as outlined in the A:C ratios:

**Ratio Chart - First/Last Hour of Each Day Only**

Group Size ▶	10	15	20
2.5 – 12 Years	1:10		
3 – 12 Years		1:15	
4 – 12 Years			1:20

- A:C ratios must be maintained while children are indoors and on the playground.
- A:C ratios and group sizes may exceed the required limit by up to ten percent (10%) no more than three (3) days per week, provided however:
  - Infant & toddler groups may never exceed the required ratios & group sizes.
  - The licensed capacity of the classroom may not be exceeded.

**Adult:Child ratio and grouping chart:**

Age of children at beginning of school year	Minimum Adult:Child Ratio	Maximum Group Size
Infants (6wks. - 15 mos.)	1:4	8
Infants/Toddlers (6wks. - 30 mos.)	1:5	10
Toddlers (12 mos. - 30 mos.)	1:6	12
2 years (24-35 mos.)	1:7	14
2-4 years	1:8	16
2 ½ - 3 yrs. (30 - 47 mos.)	1:9	18
2 ½ - 5 yrs.	1:11	20
2 ½ - 12 yrs.	1:10	10
3 years	1:9	18
4 years	1:13	20
3 - 5 yrs.	1:13	22
4 - 5 yrs.	1:16	24
5 years	1:16	20
5 - 12 yrs.	1:20	No Max
School-Age (K & above)	1:20	No Max

- Ratios can be relaxed during naptime and nighttime care but one (1) adult must be awake and supervising the children in each nap/sleeping area (infant/toddler ratios must be maintained).
- Supervision During Off-Site Activities
  - A:C ratios for preschool children doubled during off-site activities.
  - A:C ratios for school-age children during off-site activities must equal the number of trained caregivers required in the classroom plus additional adults:

Number of Children	Trained Caregivers	Additional Adults	Total Adults Required
1 - 20	1	1	2
21 - 30	2	1	3
31 - 40	2	2	4
41 - 50	3	2	5

- A minimum of two (2) adults is required for any off-site activity.
- Supervision During Swimming:

Age Group	Ratio
Infants (6wks – 12 mos.)	1:1
Toddlers/Twos (13.– 35 mos.)	1:2
Three Year Olds	1:4
Four Year Olds	1:6
Five Year Olds	1:8
School-age & Above	1:10

- Group swimming is not prohibited but it is also not recommended due to the high risk.
- Sudden Infant Death Syndrome Precautions:
  - Infants positioned on backs when placed in crib for sleeping.
  - Soft bedding is prohibited for infants to avoid risk of smothering.
  - Infants touched by caregiver every fifteen (15) minutes in order to check for breathing and body temperature.

**Staff**

- At least one adult available on the premises at all times during child care hours must be able to read & write English.
- Caregivers must be at least 18 years of age.
- Staff under 18 years must be supervised by an adult while in the presence of children.
- Each group of children must have at least one caregiver present who has a high school diploma or equivalent.
- Substitutes providing services for 36 or more hours in a calendar year must have a physical and a criminal background check.
- Volunteers can not be used to meet the adult:child ratios unless they meet the qualifications for substitutes.
- Criminal background checks are required (at least every five years) for employees who have contact with children.
- Pre-service training for all staff prior to assuming duties.
- Ongoing training required in ten (10) specific health and safety topics.

**Equipment for Children**

- Individual lockers or cubbies, separate hooks and shelves or other containers, placed at children's reaching level, shall be provided for each child's belongings.
- In infant/toddler rooms, equipment and space shall be provided for climbing, crawling, and pulling without the restraint of playpens or cribs.
- Indoor equipment, materials, and toys shall be available to provide a variety of developmentally appropriate activities so that each child has at least three (3) choices during play time.
- Climbers, swings and other heavy equipment must be anchored even if they are designed to be portable.
- Resilient surfacing is required in fall zones around playground equipment.
- A quiet rest area and cots or mats shall be available for all children who want to rest but no child shall be forced to nap.
- For health & safety reasons each crib, cot, bed or mat shall be labeled to assure that each child naps on his own bedding.

**Program**

- Each caregiver shall be responsible for providing consistent care for a specific infant(s)/toddler(s) which includes but is not limited to: planning, and record-keeping for the child, communication, general interaction with and routine care of the child.
- Children shall not be left in restraining devices such as swings, car seats, or high chairs (in excess of thirty (30) minutes). Stimulation shall be provided to children in those settings.



- Programs, movies, computer games, and music with violent or adult content (including "soap operas") shall not be permitted in children's presence.
- If television, video tapes/DVDs, video/computer games, and/or movies are used, they shall be limited to two (2) hours per day, or the length of a movie if more than two (2) hours in the case of school-agers.
- Other activity choices shall be available to children during television/movie viewing or computer use.
- An opportunity for outdoor play shall be extended to children of all ages who are in care for more than three (3) daylight hours unless outdoor play is prohibitive.
- Children shall be provided an opportunity for outdoor play when the temperature range, after adjustment for wind chill and heat index, is between thirty-two (32) degrees and ninety-five (95) degrees Fahrenheit and not raining; children shall be properly dressed and the length of time outside adjusted according to the conditions and the age of the child.
- During outdoor play caregivers shall be alert for signs of dehydration, heat stroke, frostbite, etc., dependent upon the season.
- Spanking or any other type of corporal punishment is prohibited.
- Discipline that is potentially shaming, humiliating, frightening, verbally abusive, or injurious to children shall not be used.
- Discipline shall not be related to food, rest, or toileting.
- Staff shall plan ahead for developmentally appropriate activities; written lesson plans shall be provided for children of each age group.
- For ages three (3) through school-age, a curriculum shall be offered that shall include instruction, at least once a year, in personal safety – parents notified of and given an opportunity to review the curriculum.
- For school-age children the curriculum shall include instruction on reporting physical, verbal or sexual abuse.

#### **Health & Safety**

- Children shall be checked upon arrival and observed for signs of communicable disease during the day.
- Symptomatic children shall be removed from the group until parents are contacted and health issues are resolved.
- At least one staff with certification in first aid and one certified in CPR on duty at all times.
- The agency, in consultation with appropriate local authorities, shall develop a written plan to protect children in the event of disaster.
- All home/work contact numbers for parents shall be readily available to all staff.
- Impetigo and diagnosed strep shall be treated appropriately for 24 hours prior to readmission to the center.
- Children diagnosed with scabies or lice shall have proof of treatment and be free of nits prior to readmission.
- Serious injuries or signs of serious illness shall be reported to the parent immediately to arrange for emergency treatment.
- Accidents, injuries, and every sign of illness shall be reported, or a reasonable attempt made to report, to the parent as soon as possible, but no later than the child's release to the parent or authorized representative.
- All medications, prescribed and non-prescribed, shall be received from the parent by a designated staff person or management level staff person.

- Medication shall never be handled by children or administered in bottles or infant feeders unless authorized by a physician.
- All medications shall be inaccessible to children.
- Unused medication shall be returned to the parent.
- Smoking is not permitted in the presence of children.
- The use of alcoholic beverages is not permitted in child care centers during the hours of operation of the center.
- Firearms shall not be on the premises of a child care agency, in any vehicle used to transport children or in the presence of a child.
- Staff's personal belongings (purses, backpacks, coats, etc.) shall be inaccessible to children at all times.
- For the protection of children and adults, the Centers for Disease Control guidelines for handwashing and diapering procedures shall be followed.
- If older children are enrolled who lack independent toileting abilities, rules regarding diapering of preschool children shall apply; they shall be changed in a location designated for that purpose and which provides privacy from other children and adults.
- In order to avoid the spread of airborne diseases children shall be positioned on mats in a face to feet alternating pattern during naptime.
- All staff, substitute staff, volunteers are required to immediately report any reasonable suspicion of child abuse or neglect.

#### **Food**

- If any agency provides meals, the agency shall provide developmentally appropriate meals, snacks, and drinks for each child that are of sufficient proportions and nutritional value to meet each child's health needs.
- A meal shall be offered to children who arrive before 7:00 a.m. and have not had breakfast at home.
- All special needs diets shall be prepared as prescribed by a physician or by the written instructions of the parent.
- Staff shall support and facilitate a parent's decision to continue breast feeding.
- Children shall not be permitted to carry a bottle with them throughout the day.
- Caregivers and children shall wash their hands with soap and water.
- At mealtime, children shall be seated at tables and chairs of appropriate size, and adults shall sit with them.
- Frozen breast milk shall be dated when expressed.
- All formulas remaining in bottles after feeding shall be discarded.
- Microwave ovens, bottle warming devices, and crock pots, including cords, shall not be accessible to preschool children.
- School-age children shall use microwaves only under direct supervision.
- Previously opened baby food jars shall not be accepted in the center. If food is fed directly from the jar by the caregiver, the jar shall be used for only one feeding.
- Children shall never be left without adult supervision while eating.
- Home canned food and raw milk are prohibited.

#### **Physical Facilities**

- All facilities shall annually pass an inspection verifying compliance with all applicable state and local fire and environmental requirements.
- At least one (1) working, land-line telephone shall be present in the agency.

- If used, answering machines/voice mail shall be monitored at thirty (30) minute intervals except when staff and children are off premises.
- Parents informed that answering machines/voice mail are used.
- A minimum of thirty (30) square feet of usable indoor play space must be provided for each child.
- Outdoor play areas shall contain a minimum of fifty (50) square feet of usable play space for each child using the area at one time.
- Window blind cords and electrical cords on equipment shall be inaccessible to children.
- All rooms used by children shall be maintained at a temperature of between 68 to 78 degrees by means of heating, cooling or ventilation sources approved for use.
- Swimming pools and/or wading pools shall not be used without prior approval by the Health Department.
- If animals or birds are kept in classrooms as pets, they shall be caged away from the food storage and preparation area, and cages kept clean.

#### **Transportation**

- An adult must be in the vehicle whenever a child is in the vehicle.
- A passenger log with the first and last name of each child shall be used to track the loading and unloading of children during transport.
- If the child was loaded from home, the parent or other authorized person will additionally sign the log indicating that the child was placed on the vehicle.
- The log shall be updated as children are released from the vehicle.
- When the child is released to a parent or other authorized person, that person must sign the log indicating the release of that child to them.
- Immediately upon unloading the last child the driver must walk through the vehicle to confirm that all the children are off the vehicle.
- If a monitor was on the vehicle they shall walk through the vehicle as well.
- A designated agency person who did not ride on the vehicle shall also conduct a walk through of the vehicle.
- Drivers must submit to an annual health examination and pass a drug screening test.
- Drivers and monitors have certification in CPR and First Aid.
- All child care vehicles designed by the manufacturer to carry ten (10) or more passengers must be inspected by the Department of Safety.
- Effective January 1, 2007 all child care vehicles designed to carry ten (10) or more passengers must conform to the Federal Motor Vehicle Safety Standards for school buses.
- Child passenger restraints must be used in accordance with state law.
- Signage that includes the agency name and phone number and the Department's toll-free Child Care Complaint phone number must be on child care vehicles.
- Children shall not spend more than forty-five (45) minutes traveling one way to or from the agency's facility or to and from school (this provision does not apply to field trips).

#### **Care of Children with Special Needs**

- When children with disabilities are enrolled, all reasonable and appropriate efforts shall be made to provide each child an equal opportunity to participate in the same program activities as their peers.

- The agency shall have written individualized emergency plans for each disabled child who requires more assistance in emergencies.

#### **Sick Child Care**

- This type of care includes the supervision, protection, and meeting the basic needs of children who have short term illness, symptoms of illness, or who have a medical or technological dependency that requires continuous nursing intervention.
- Agencies that provide sick child care either as an exclusive service or as a component of an existing child care service must comply with additional rules specific to this type of care.

**You can access the Department's website at:**  
<http://tn.gov/humanservices/topic/child-care-services>

**A wealth of child care information can be found on the Department's website.**

#### **You can:**

- Learn more about the rules
- Learn more about the types of regulated care
- Locate a child care provider
- Learn more about the Report Card and Star Quality Program
- Locate the local child care licensing office
- Review the current personal safety curriculum
- Read about new initiatives
- Locate the nearest child care certificate office
- Find info on choosing child care
- Locate a resource and referral center

**And much more!**

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#### **Report Card & Star Quality Program**

<http://tnstarquality.org>

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#### **Child Care Resource & Referral Centers**

Currently, there are eight CCR&R centers located throughout the state. The centers help parents find the type of care that is best for their child or children. These community resources also give providers technical assistance to better serve the children in their care. Contact information for the CCR&R centers can be found on the Child Care Services website.

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#### **Child Care- Complaint Hotline**

NASHVILLE AREA: 615-313-4820  
 LONG DISTANCE: 1-800-462-8261

**If you have a concern about an existing child care agency or wish to report an illegal operation you can call the Department's complaint hotline.**

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**Department of Children's Services**  
**Report Child Abuse or Neglect Hotline**  
 1-877-237-0004

**Information about child health, education, and development as well as available state services can be found at:**

<https://www.kidcentraltn.com/>