

Christ Church Preschool

Registration Guidelines

2012-2013 School year

The following is the registration form for the 2012-13 school year. Space is provided on a first come/ first served basis. Incomplete registrations will not be accepted and space will not be held unless all required documentation is provided.

The following is a list of requirements for a registration to be considered complete. If you are being wait listed, the registration fee will be required at the time an opening becomes available.

- 1. Non-refundable** check for Registration & Resource fees: **Preschool: \$110**
- 2.** A completely filled out registration form. Forms with any blank spaces **will not be accepted.** Please make sure that your application includes the following:
 - Registration Form (Pg 1-2)
 - Registration Fees
 - Liability Release (Pg 3)
 - Permission & Authorization Form (Pg 4)
 - Medical Release, Emergency Authorization & Photo Waiver (Pg 5)
 - Inappropriate Behavior & Illness Policies (Pg 6)
 - Food Pyramid (Pg 7)
 - State Required Child's Application (Pg 8)
 - Developmental History (Pg 9-10)
 - Snack Notification Request (Pg 11) **OR** Snack Release Form (Pg 12)
 - Safe Release Safety Checked Form (Pg 13-14)
 - TN Dept. Human Services Summary of Licensing Requirements (PLEASE KEEP)
- 3. Signatures** at all appropriate blank locations.
- 4.** A copy of your child's most recent immunization record. If your child does not receive immunizations per religious beliefs, you must provide such documentation from your child's pediatrician. **When obtaining a copy of your child's shot record please discuss whether your child will receive a 4 dose HIB vaccine. If they are on a 3 dose schedule we will need a note from your child's doctor notating this, and it must accompany your child's shot record.**

Please be aware that all 3 year old and 4 year old children must be completely potty trained by October 1, 2012 in order to be enrolled within the Christ Church Preschool and MDO program. This includes the ability to take care of their own toileting needs. Assistance will be offered only with buttons/snaps on clothing as needed.

If you have any questions please contact Susan Bledsoe at 834-2748. Thank you for your continued interest and support of our Christ Church Preschool Program. We look forward to an exciting and blessed year to come.



Registration Form

September 2012 to May 2013

Monday—Thursday 9:00AM to 3:00 PM

___ **Threes — 3 Day Program (Tues– Thurs) - Must Turn Three by September 30th**

___ **Fours —3 Day Program (Tues—Thurs) - Must Turn Four by September 30th**

___ **Fours —4 Day Program (Mon—Thurs) - Must Turn Four by Sept. 30th**

Child's Full Name _____ Age _____

Child's Sex _____ Birth Date ____/____/____ Preferred Name _____

Parents/Guardians _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

E-Mail _____

Mom's Occupation _____ Work Phone _____

Dad's Occupation _____ Work Phone _____

Emergency Contacts:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Doctor _____ Phone _____ Hospital Choice _____

In the event of an emergency, may we take your child to the doctor you have designated if none of the above can be reached? _____ May we take your child to the hospital? _____

Does your child have special needs regarding health or allergies? _____ If yes, please list _____

List characteristics of your child that you think would be helpful to caregivers _____

Names & ages of other children in family _____

Church family attends _____

Is child potty-trained? _____

POLICY: All children enrolled in all **3 and 4 year old** classes, must be potty trained by October 1st. This includes the ability to take care of their toileting needs, except for help with buttons or snaps on clothing as needed. We understand that from time to time an accident can happen, but this should be the exception, not the norm.

I/We have read and understand the potty-training policy.

Parent Initials _____

PAYMENT INFORMATION

Please make checks payable to: Christ Church Preschool

The **Non-Refundable \$75 Registration & \$35 Resource Fee (\$110)** is payable at the time a Completed registration is submitted.

Monthly Tuition: \$270 (Three day program)

\$360 (Pre—K Four day program)

Conditions of Enrollment:

All tuition must be paid monthly by the **10th of each month** in order to avoid a late fee, unless alternative arrangements have been made with the office.

All children must be able to adjust to separation from a parent/guardian and follow basic directives given by a teacher.

Any irreconcilable differences between parents and the program guidelines/restrictions may result in relinquishment of a position within the program. Please note that any changes to classroom assignments are subject to availability, and in the best interest of both the child and teachers, class reassignments will only be made up through October 15th.

Signature of Parent/Guardian

Date

For Office Use Only:

Date Received _____ Check Number _____

Amount _____ Class _____

Date of Tour: _____

State Summary Received: **Attached to Packet**

Notes: _____

LIABILITY RELEASE 2012-13

RELEASE OF ALL CLAIMS – FILLED OUT BY PARENT OR GUARDIAN

In consideration for being accepted by CHRIST CHURCH NASHVILLE for participation in the Christ Church Preschool Program in the year 2012-13 we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless CHRIST CHURCH NASHVILLE and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described camp and activities. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. (If the participant has not attained the age of 21 years): We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Child Participant: _____

Parent(s)/Guardian(s) Names: _____

Phone Number(s): **H** (____) _____ **W** (____) _____

In case of emergency, contact: _____ (____) _____

Insurance Company: _____

Policy Number: _____

Physician's Name: _____ Phone Number: (____) _____

Any Allergies? _____ If yes, please list: _____

Is child presently on medication? _____

If yes, please list: _____

Please list any medical conditions that we need to be aware of: _____

Father/Legal Guardian _____ Date: _____

Mother/Legal Guardian _____ Date: _____

PERMISSION AND AUTHORIZATION FORMS

Student's Name: _____

Please read each section. Sign and date where applicable. Your registration will not be valid until these forms are signed.

Financial Obligations

Tuition is due beginning the 1st day of each month and no later than the 10th day. It will be considered late after the 10th day of each month and a \$15 late fee will be added. If your child is absent during the week tuition is due, you must make arrangements with the Director or Office to avoid late fees. Failure to pay tuition by the 30th of the current month could result in forfeiture of your child's spot within the program. In addition, there is a \$35 NSF fee charged on all checks returned for insufficient funds or stopped payment.

The registration fee cannot be refunded. All withdrawals must be made in writing to the office and shall be effective when such notice is delivered to the school. Parents are responsible for two weeks tuition from the signed date of the withdrawal notice.

Tuition is calculated on the basis of the entire school year; therefore, no reductions can be made for vacations, school holidays or days missed due to weather conditions. Reductions cannot be made for tuition for absence during the school year. If a student leaves the school for any reason during the school year, or enters after the school year has begun, charges are pro-rated according to the actual number of days enrolled.

I/We agree to uphold the financial obligations as stated above. We also agree to follow the guidelines and regulations as stated in the Student/Parent Manual.

Signature

Date

Permission to Participate in School Activities & to Receive Emergency Medical Care

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for the teacher or director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- 1. Attempt to contact a parent or guardian.
- 2. Attempt to contact the child's physician.
- 3. Attempt to contact the child's parent or guardian through any of the persons listed on any part of the application.
- 4. If we are unable to contact you or your child's physician, we will do any or all of the following:
 - Call another physician or paramedic.
 - Call an ambulance.
 - Have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred under #4 above will be the responsibility of the child's family.

The school will not be responsible for anything that may happen as a result of false information given on this application or at the time of enrollment.

Signature of Mother

Date

Signature of Father

Date

Medical Release

I, _____, hereby give permission for Christ Church' Preschool to call a physician, secure necessary medical care, including the administration of anesthesia if surgery is advised by a physician and to otherwise act on my behalf when I cannot be reached and/or when delay would be dangerous, in order to protect my child, in case of illness or accident.

Parent Signature

Date

Parent Signature

Date

Emergency Medication Authorization

In the event that your child should need to receive medication in an emergency situation please provide the following information along with your written consent.

Student's Name: _____

Medication to be given: _____ Dosage to be given: _____

Any potential side effects: _____

Doctor's name and phone number: _____

I hereby give permission for Christ Church Preschool staff to administer the stated medication and dosages as listed above under medical emergency circumstances.

Signature of Parent/Guardian

Date

Photo Waiver

[Please check ONE!]

Periodically, Christ Church Preschool/MDO would like to use photos of the children for our Web Page, Slide Presentations or Printed Materials. Please sign the waiver and indicate if you do or do not authorize us to use your child's image.

I hereby: **Grant** **Do NOT Grant**

Christ Church Preschool & Mother's Day Out at Christ Church Nashville full rights to copyright, exhibit, and publish in any medium including, but not limited to, promotion, advertising, or Internet photographs taken by the **Christ Church Preschool & Mother's Day Out at Christ Church Nashville**

of my child _____
(Name of Child Being Photographed)

Parent/Guardian Signature

Inappropriate Behavior Policy

While we understand and embrace the typical and varied behaviors of preschool children, we must always advocate for the safety and total well-being of all the children and adults involved in our program. If a child is involved in any incidence of unsafe behavior--such as biting, hitting or pushing with aggression, throwing with aggression using unsafe objects etc.-- a *Discipline and Redirection Process* will be implemented. For **1 and 2 year olds**, with the first infraction, an *Ouch Report or Incident Report* will be completed, the parents of the child(ren) will be called to pick-up the child and a brief conference will be held with the teachers at the time of pick-up regarding the incident. With the second and third infractions, again parent will be notified to pick-up the child and a conference will be held to develop a *Discipline and Redirection Protocol* which addresses the inappropriate behavior. A component of the protocol is a 1-week suspension. During this 1-week break, it is the expectation of Christ Church Preschool/MDO that the student and parents work on correcting the inappropriate behavior. If there is a fourth incident of serious, unsafe behavior, the student will be dismissed from the program. For **3 or 4 year olds**, the protocol is the same for the first incident. However, following a second infraction, the student will be put on a 2-week suspension from the program, at which time the student and parents are expected to work on correcting the inappropriate behavior. Following a third incident of serious, unsafe behavior, the student will be dismissed from the program.

This discipline policy is in effect for the duration of the program year and all incidents are evaluated and mediated at the discretion of the Program Administration. A similar process will be used if a child is using inappropriate language, inappropriate gestures or actions, or disrespectful behavior toward classmates or teaching staff.

I/We have read the above **Behavior Policy** and understand the policy and process.

Parent/Guardian Signature

Date

Illness Policy

For the protection of our children and teachers' health, we ask that you keep your child home if he or she displays any of the following:

- ✓ Nasal discharge that is heavy enough to require frequent wiping, especially if accompanied by sneezing and/or coughing (colds are most commonly spread by air droplets from sneezing and coughing).
- ✓ Cough that is wet or persistent enough to limit his/her activity, especially if accompanied by other symptoms (runny nose, sneezing, etc.).
- ✓ Temperature of 99 degrees or greater within the past 24 hours.
- ✓ Vomiting one or more times in the previous 24 hours.
- ✓ Diarrhea in the previous 24 hours.
- ✓ Conjunctivitis or pink eye. Defined as pink or red eyes with white or yellow discharge, often with matted eyelids after sleep.
- ✓ Infestation (e.g. head lice, scabies). Keep at home until all nits (eggs) have been removed.
- ✓ Rash with fever or behavior change (until seen by a physician who determines the illness is not communicable). Streptococcal infection, until 24 hours after treatment has been initiated. Signs of possible illness including lethargy, irritability, crying, etc.

The need to send a child home from school shall be at the discretion of his or her teacher in conjunction with the Director. We want to keep your child, the classmates, and the teachers as healthy as possible. Medication will not be administered to your child (except as listed under "Emergency Medication Authorization" (Page 5). There are NO exceptions to this policy.

I/We have read the above Illness Policy and agree to its regulations.

Parent/ Guardian Signature

Date

Food Components

Ages 1-2

Ages 3-5

Ages 6-12

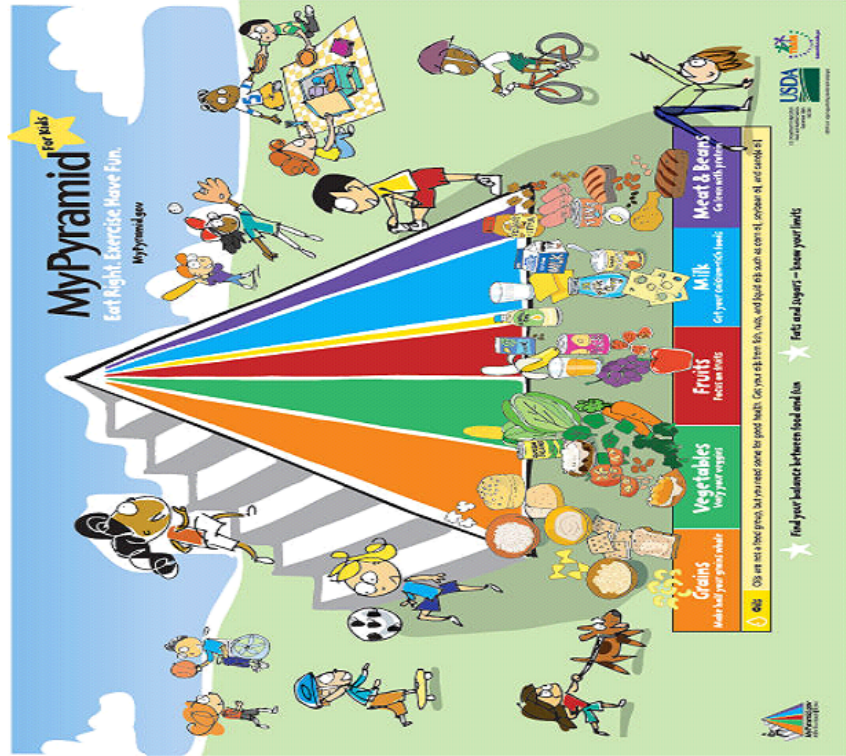
Lunch or Supper

1 serving milk	Fluid milk	1/2 cup	3/4 cup	1 cup
2 servings fruit/vegetable juice, fruit and / or vegetable		1/4 cup	1/2 cup	3/4 cup
1 serving grains/bread		1/2 slice	1/2 slice	1 slice
Bread or		1/2 serving	1/2 serving	1 serving
Cornbread, biscuit, roll, muffin, or		1/4 cup	1/3 cup	3/4 cup
Cold dry cereal or		1/4 cup	1/4 cup	1/2 cup
Hot cooked cereal or		1/4 cup	1/4 cup	1/2 cup
Pasta, noodles or grains				
1 serving meat/meat alternative		1 oz.	1 1/2 oz.	2 oz.
Meat, poultry or fish, or		1 oz.	1 1/2 oz.	2 oz.
Alternate protein product or		1 oz.	1 1/2 oz.	2 oz.
Cheese or		1/2	3/4	1
Egg or		1/4 cup	3/8 cup	1/2 cup
Cooked dry beans or peas, or		1/2 oz.	3/4 oz.	1 oz.
Nuts and / or seeds, or		2 Tbsp.	3 Tbsp.	4 Tbsp.
Peanut or other nut or seed butters, or		4 oz.	6 oz.	8 oz.
Yogurt				

Snack: Choose 2 of the components

1 serving milk	Fluid milk	1/2 cup	1/2 cup	1 cup
2 servings fruit/vegetable juice, fruit and / or vegetable		1/2 cup	1/2 cup	3/4 cup
1 serving grains/bread		1/2 slice	1/2 slice	1 slice
Bread or		1/2 serving	1/2 serving	1 serving
Cornbread, biscuit, roll, muffin, or		1/4 cup	1/3 cup	3/4 cup
Cold dry cereal or		1/4 cup	1/4 cup	1/2 cup
Hot cooked cereal or		1/4 cup	1/4 cup	1/2 cup
Pasta, noodles or grains				
1 serving meat/meat alternative		1/2 oz.	1/2 oz.	1 oz.
Meat, poultry or fish, or		1/2 oz.	1/2 oz.	1 oz.
Alternate protein product or		1/2 oz.	1/2 oz.	1 oz.
Cheese or		1/2	1/2	1/2
Egg or		1/8 cup	1/8 cup	1/4 cup
Cooked dry beans or peas, or		1/2 oz.	1/2 oz.	1 oz.
Nuts and / or seeds, or		1 Tbsp.	1 Tbsp.	2 Tbsp.
Peanut or other nut or seed butters, or		2 oz.	2 oz.	4 oz.
Yogurt				

As a State licensed facility we have provided each preschool family with a copy of the USDA Food & Nutrition Guidelines for children ages 1-12 years. It is our desire to partner with our Preschool families in helping to establish healthy eating habits for your child that will benefit them now and for life. Thanks for your help!



Child's Application

All information is required and must be completed by the parent(s) or legal custodian(s)/ if unknown use N/A or non until it can be added later and initialed

Child's information:

Child's birth date _____ Date of admission _____
 Full name of child _____ What does the child like to be called _____

Parent's information:

Mother's name _____ Father's name _____
 Address : _____ Address: _____

 Phones: Home _____ Work _____ Phones: Home _____ Work _____
 Where employed: _____ Hours _____ Where employed : _____ Hours _____
 Misc. Information _____
 Custodial Parent if divorced _____ (Provide the child care a copy of the custody order) Yes ___ No ___

Persons authorized to pick up and transport the child other than parent or custodian: [Give full name and phone number of the person to whom the child may be released. They must be listed below to insure the child's safety. A phone call is not acceptable permission of the parent(s) or custodian(s)]

Emergency Information:

1) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for parent in an emergency _____
 Address _____ Home phone _____ Work phone _____

_____ Employer _____ Work hours _____

2) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for parent in an emergency _____
 Address _____ Home phone _____ Work phone _____

_____ Employer _____ Work hours _____

Name of Physician: _____ Office phone _____ Home phone _____

Medical association and address _____
 _____ Chart # _____

Special written doctor's instructions for care or medical treatment given the child are: _____

To whom any medical training and/or instruction and permission given: _____

Any food, environmental, and/or medical **allergies:** _____

Other children and members of the family: _____ **Birth date** _____ **School / Work** _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Eating Habits:

At what time does the child eat breakfast? _____ Dinner/lunch? _____ Dinner/supper? _____

Between meal snack? _____ Does he feed himself? _____

What is the child's general attitude toward eating? _____

Does the child refuse to eat? _____ How is this handled and by whom? _____

The child's favorite foods: _____

[If your child is an infant, use space below for information about the formula, bottle schedule, etc. The parent must work closely with the child care facility while introducing new baby foods and table foods to the child.] **NIA**

Potty Training:

Is your child potty trained? _____ Does your child need assistance using the bathroom? _____

Developmental Health History
(Infants - Young Children)

Physical History

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Other Than What You Listed Above:

Does your child have any allergies? If so, to what? _____

How severe? _____

Does your child take any medication regularly? If so, what and when? _____

Has your child ever been hospitalized? If so, when and why? _____

Does your child have any recurring chronic illness or health problems such as:

_____ Asthma _____ Cerebral palsy _____ Developmental delay _____ Seizure disorder

_____ Diabetes _____ Frequent earaches _____ Hemophilia _____ Other

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem. _____

Do you have any other concerns about your child's health? _____

Developmental (compared to children this age)

Does your child have any problems with talking or making sounds? Please explain. _____

Does your child have any problems with walking, runner or moving? Please explain. _____

Does your child have any problems seeing? Please explain. _____

Does your child have any problems hearing? Please explain. _____

Does your child have any problems using her or his hands (such as with puzzles, small building pieces)?

Please explain. _____

Daily Living

What is your child's typical eating pattern? _____

Is your child on any special diet? Please describe. _____

Write N/A (non-applicable) if your child is too young for the following questions to apply.

How well does your child use table utensils (cups, fork, spoon)? _____

How does your child indicate bathroom needs? _____

Word(s) for urination: _____

Word(s) for bowel movement: _____

Special words for body parts: _____

What are your child's regular bladder and bowl patterns? Do you want us to follow a particular plan for toileting? _____

For toddlers please describe use of diapers or toileting equipment (such as potty, toilet seat adapter) _____

What are your child's regular sleeping patterns? _____

Awakes at _____ Naps at _____ Goes to bed at _____

What help does your child need to get dressed? _____

Social Relationships / Play

What ages are your child's most frequent playmates? _____
 Is your child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____
 Does your child play well alone? _____
 What is your child's favorite toy? _____
 Is your child frightened by (circle all that apply) Animals? Rough children? Loud noises? The Dark? Storms? Anything else?

 Who does most of the disciplining? _____
 What is the best way to discipline your child, EXCLUDING physical punishment? _____
 With which adults does your child have frequent contact? _____

 Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? _____

 Is there any other information that you wish to share that would assist in meeting your child's needs?

Note: The content of this health history has been taken from "Healthy Young Children A Manual for Programs", a publication of the National Association for the Education of Young Children, and used by permission. NAEYC, 1509 16th Street, N.W., Washington, DC 20036-1426 Telephone numbers (202)232-8777 (800) 424-2460 FAX (202) 324-1846

Please initial the following:

- I visited the child care facility prior to enrolling my child. _____
- I understand any changes in the above information must be entered immediately and initialed. _____

The above information is true and accurate to the best of my knowledge and I acknowledge that I have been provided a copy of the Tennessee Department of Human Services Summary of Licensing Requirements for Child Care Centers (See Attached Pages)

Parents Signature _____ **Date** _____
 _____ **Date** _____

Date child is enrolled _____ Date child was withdrawn _____
 Reason for withdrawal _____

Special Notes for child care facility or parent/custodian: _____

Snack Notification Request

[PLEASE READ CAREFULLY & SIGN ONLY ONE FORM]

I hereby request that in order for _____ to participate in any special snacks/treats during the 2012-2013 school year, I be **NOTIFIED in writing, prior** to any snacks/treats being given. I understand that treats may be brought in by others, and that every effort will be made to give ample notice. However my child will not be permitted to participate in any special snack/treat without prior written consent.

By signing this request form I acknowledge that my child HAS food type Allergies or Dietary Restrictions, and that I will provide an alternative special snack in the event that they are not able to participate in any special treats/snacks that may be provided throughout the year.

Parent Signature

Date



Snack Notification Request

[PLEASE READ CAREFULLY & SIGN ONLY ONE FORM]

I hereby grant permission for _____
to participate in any special snacks/treats during the
2012-2013 school year. I understand that may include
treats brought in by others, or those provided by Christ
Church & Christ Church Preschool/MDO. **By signing
this form I acknowledge that my child has NO food
type allergies or dietary restrictions and is able to
participate in any special treats/snacks that may be
provided throughout the year.**

Parent Signature

Date



Safe Release

Dear Parents,

In our efforts to ensure your child's safety, we would like to take a moment to outline the security procedures we will have in place for our program this school year. This will help to ensure that your child is accounted for daily and released only to authorized persons that you have personally designated.

You will find a copy of our security sheet following this letter. It will be necessary for every family to complete one for each child enrolled in our program, listing all persons authorized to pick-up your child(ren). We will then provide the teacher with a security sheet for each child assigned to their class.

Each day your child attends school, you will be required to sign them in and list the person who will be responsible for picking them up that afternoon. Should the pick-up person change during the course of the day, please call the office to notify us. We will then provide this information to your child's teacher, so that they will use the proper protocol and know to whom they are releasing your child.

Please note that we are asking each family to submit a **password/code**. This will be asked for in the event that you as a parent need to call and change the person listed to pick-up for that day, or to have one added to the release sheet. The password is necessary so that we can be sure it is, in fact, the parent/guardian we are talking to. Your password can be a word, date, pet name etc.-- as long as it remains confidential to only your family and friends authorized to call about or pick-up your child. **It is highly recommended that you make a note of the password to keep in your purse, wallet, or cell phone.** In the past we have had parents call to make a change in the pick-up person for that day and cannot remember their password. Please remember that your child's safety is our #1 priority.

We are taking great lengths to ensure the safety of all the children enrolled in the program and we thank you for your cooperation.



I, _____, have authorized the following people to
Parent/Legal Guardian (PRINT)

pick up my child - _____ :
Child's Name

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

Password

***Please make a note of your chosen password for future reference.**

Signature: _____

Date: _____

SUMMARY OF LICENSING REQUIREMENTS FOR GROUP CHILD CARE HOMES

This summary is intended as a guide for parents of children in group child care homes. It outlines some of the requirements child care providers must meet in order to be licensed. The purpose of licensing is protection of children. The Department of Human Services has the legal responsibility for licensing homes which provide child care for 8-12 children. Questions about licensure requirements or concerns about a home's compliance with them should be referred to the local DHS office. You may ask your child care provider to see a rule book ("Standards for Group Child Care Homes").

Ownership and Administration

- Children in child care shall be at least six weeks old.
- This summary shall be given to parent(s) of each child enrolled.
- Specific policies are required to be in written form.
- A policy statement signed by caregiver and parent shall be on file.
- Parents shall be permitted access to their children and shall be informed in advance of removal from premises.
- The following records shall be kept:
 - Three recommendations for each caregiver.
 - Adult health records.
 - Child health records.
 - Daily attendance records.
 - Children's records containing identifying and emergency information and a parent caregiver communication plan.
- A child's and family privacy and confidentiality shall be protected.
- A current license shall be posted conspicuously.
- All agencies will undergo an evaluation prior to the expiration of their license and be required to post a report card that outlines the results of the evaluation.
- General liability and medical payment insurance coverage is required on the operations of the facility.

Staff

- Any person identified as perpetrator of abuse shall not have contact with children in the home.
- Substitutes providing services for 36 or more hours in a calendar year must have a physical and a criminal background check.

- Criminal background checks are required for employees who have contact with children and anyone 15 or older who lives in the home.
- All caregivers shall be trained in child abuse detection/prevention.
- The primary caregiver shall:
 - Be 18 or older.
 - Be able to read and write English.
 - Have earned a high school diploma or GED.
 - Complete pre-service and 8 hours of inservice training.
 - Not be employed at any other occupation during child care hours.
- An adult shall be present and supervision at all times.
- Volunteers shall not be used to meet classroom adult:child ratios.
- The total number of children shall not exceed 15.
- If 4 or more infants/toddlers are enrolled, they shall have their own space and their own caregiver for their safety and security and for infection control.
- See ratio chart on the last page.

Equipment

- Equipment shall be well made and safe.
- There shall be equipment appropriate for:
 - Children enrolled.
 - Activities listed under Program.
- Outdoor equipment shall be:
 - Placed to avoid accidents.
 - Securely anchored.
 - Placed over resilient surfaces.
 - At least 6 feet away from retainer structures.

TENNESSEE DEPARTMENT OF HUMAN SERVICES

Program

- The daily program shall include some of the following:
 - Reading to and talking with children.
 - Art, music, and dramatic play.
 - Age-appropriate participation in home-type activities.
- The daily schedule shall be posted.
- Children shall be allowed to choose some of their own activities; others shall be planned by the caregiver.
- Children shall not be confined to one room.
- TV/videos shall be limited to 2 hours per day and to children's shows. Other options shall be available.
- All children shall play outside daily except in extremely bad weather.
- Discipline shall be:
 - Reasonable and in terms of the child's understanding.
 - Positive and encouraging of good behavior.
- Discipline shall not be:
 - Shaming, humiliating, frightening, or injurious.
 - Related to food, rest, toilet training, or physical punishment.
- Preschool children shall have a reclining rest period, according to individual needs.
- School-age children shall be allowed to nap but not forced to do so.
- Children under 15 months and unable to walk shall have their own crib or playpen for napping; sleeping infants shall be checked every 30 minutes.
- Older children shall have something soft and at least two inches thick to sleep on.
- All children shall have their own clean sheet and coverlet.
- Children shall be allowed to get up after a reasonable rest period.
- Toilet training shall not be started until the child:
 - Has been in the child care home long enough to feel comfortable.
 - Is able to understand, to do what is asked, and to let his/her need to use the bathroom be known.
- Children shall not be made to sit on the potty more than 5 minutes.
- Children shall be diapered or cleaned when needed.

- For ages three through school-age instruction in personal safety must be offered annually.
- The facility is required to notify parents regarding the personal safety curriculum that is being used.

Health & Safety

- Children shall be age-appropriately immunized before admittance to child care.
- If immunizations are not current or continued, the child will not be allowed to remain in child care.
- Records of children with disabilities shall contain a physician's statement identifying the condition and giving special instructions for that child's care.
- Children under 31 months shall have a physical examination prior to admission to child care.
- Immunization records shall be on file in the child care home.
- Accidents and injuries shall be recorded.
- Parents and the local health department shall be notified of outbreaks of communicable diseases.
- Medications and drugs shall not be administered without parental instructions and shall be charted as given, and containers shall be labeled and stored properly.
- Caregivers have physical examination before beginning work.
- An updated statement of caregivers' physical health shall be obtained every third year.
- A statement of caregivers' mental or emotional health may be required when deemed necessary by the Department.
- Caregivers shall not smoke while physically interacting with children; parents shall be informed of smoking in the home.
- Caregivers shall use prescribed infection control methods.
- The primary caregiver shall have pediatric CPR and first aid training.
- Home shall have a working telephone.
- A child sexual abuse prevention program shall be presented to children ages 3 and above.
- Suspected abuse/neglect shall be reported immediately.
- Primary caregivers shall be prepared for disasters.
- Firearms and other deadly weapons or tools shall be made inaccessible to children.

TENNESSEE DEPARTMENT OF HUMAN SERVICES

- Swimming pools must comply with environmental sanitation regulations and wading pools must be approved by the environmentalist.
- Pets and children shall not be together on a regular basis.

Transportation

- When transportation is provided:
 - The driver shall be licensed.
 - General liability and medical payment insurance coverage required for injuries of children being transported.
 - Driver must submit to drug screening.
 - Children shall not be left alone in the vehicle.
 - Staff shall use passenger log to take roll during transportation.
 - Passenger log shall be reconciled with attendance records.
 - Driver or caregiver shall conduct physical walk through and inspection of vehicle after unloading the last child.
 - Additional staff person shall also verify the reconciled log and conduct physical walk through and inspection.
 - There shall be a plan for emergency transportation.
 - Children under four years of age shall be fastened in individual seat belts.
 - Children are not allowed to ride in the floor.
 - Firearms shall not be stored in the vehicle.

Food

- Prescribed food patterns shall be followed so that children receive adequate nourishment.
- Infant diets and other special diets shall be prepared as prescribed by the physician.
- Weekly menus shall be posted.
- These hygiene practices shall be followed:
 - Adults and children shall wash their hands before handling food.
 - High chairs, tables, and floors under them shall be clean.
 - Napkins, forks, or spoons shall be provided.
- Infants:
 - Bottles shall not be propped or given to children who are lying flat.
 - Children able to sit in a high chair shall be allowed to feed themselves at least a part of the meal.

- Formula and food from home shall be labeled with the child's name and placed in the refrigerator.
- Previously opened baby food jars shall not be used.
- Solid foods shall not be given in bottles or infant feeders.
- Weaning shall be started only after communication with parent.
- Servings shall be adequate to meet children's needs.
- Food, including dessert, shall not be forced or withheld.

Physical Facilities

- New or remodeled group child care homes shall be approved by a state fire safety inspector and by an environmentalist prior to opening.
- All group child care homes shall be inspected and approved annually.
- Facility shall have at least 30 square feet of usable play space per child.
- There shall be two exits, other than from the kitchen.
- The home shall not share a building used for other purposes which would be hazardous to children or limit outdoor play.
- The outdoor play area shall contain 50 square feet per child.
- Diapering areas shall be as close to a sink as possible, but not in the kitchen.
- All areas of the premises shall be well maintained, non-hazardous, and free of animal waste.

Care of Children With Disabilities

- In addition to the preceding standards, if children with disabilities are cared for, the following requirements shall be met. These requirements apply to staffing, grouping, equipment, program, health, food, and physical facilities.
- Children enrolled in a child care home shall receive the same care and participate in the same program activities as their peers with adaptations to enable them to participate.
- Adaptations to the environment shall be directed toward normalizing the lifestyle of the child with a disability by helping him/her become independent and develop self-help skills.
- Efforts to provide specialized services (e.g. speech/hearing therapy, physical therapy,

TENNESSEE DEPARTMENT OF HUMAN SERVICES

psychological evaluation, or services for the mentally retarded) shall be documented in the child's record. Any information exchange regarding these services shall also be documented.

- The home shall have individualized evacuation plans for disabled children and shall be practiced monthly.

Ratio Chart:

Caregivers Required*	Maximum Number of Children & Ages**
1	Maximum of 15 present and no child present is under three (3) years of age
2	Maximum of 15 present and at least one (1) child up to a maximum of nine (9) children present are under three (3) years of age, but no more than four (4) present are under two (2) years of age. ***
3	Maximum of 15 if ten (10) or more are under three (3) years of age.***
*If any child's physical or mental condition requires special care, if children under 9 living in the home increases the group size, or when a field trip is taken off premises, the number of caregivers required shall be increased by one.	
**Before 8 or more children are enrolled, the facility shall be approved by a fire safety inspector and by an environmentalist.	
***If over 12 children are enrolled, the additional children shall be of school age and a school age program shall be provided.	

- **Locate the nearest child care certificate office**
- **Find info on choosing child care**
- **Locate a resource and referral center**
And Much More!

Group Child Care Home Rules

The full set of the official group child care home rules can be found on the Secretary of State's Web Site:
<http://www.state.tn.us/sos/rules/1240/1240-04/1240-04.htm>

Report Card & Star Quality Program
<http://tnstarquality.org>

Child Care Resource & Referral Centers

Currently, there are eleven 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 web page.

Child Care Resource & Referral – 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.

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

You can access the Department's website at:
<http://state.tn.us/humanserv>

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**
- **View recent correspondence to providers**
- **Read about new initiatives**