

# *Kids Putnam, Inc.*

1130 Chocolate Drive ▪ Cookeville, TN 38501  
Phone 526-KIDS(5437) ▪ Fax 526-5483 ▪ kidsputnam@yahoo.com

Child Enrollment/Parent Information Packet:

Forms to fill out & sign returning to Kids Putnam:

- Contact Information
- Child Application
- Developmental Health Form
- Fee Contract
- Doctor's Copy of Child's Certificate of Immunization (example in packet)
- Emergency Medical Treatment & Liability Release
- 4-digit Pin Code form
- Email Sign up sheet
- Media Production Release
- Addendum to Enrollment Form for Child Care (CACFP form)
- Influenza Information Notification form
- Acknowledgement Statement

Forms to keep for personal records:

- Kids Putnam, Inc. information booklet
- Influenza Vaccine Information
- Illness Policy
- TN Department of Human Services Summary of Child Care Approval Req.
- Building for the Future (Meal plan)

\*By signing, I agree that I have completed, signed, and attached all the required documents needed for my child's enrollment.

\_\_\_\_\_  
(Parent or Legal Guardian's Signature)

\_\_\_\_\_  
(Date)



## Contact Information

Full Name of Child: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name and Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name and Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact/Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Emergency Contact/Relation: \_\_\_\_\_ Number: \_\_\_\_\_

### Persons allowed To Pick up Child(ren):

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

*\*\*Please note that persons allowed to pick-up may be asked for identification.*





## Child's Application

Full Name of Child: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Name the child goes by: \_\_\_\_\_

Is the child related to the primary caregiver?  No  Yes – Relationship: \_\_\_\_\_

Child's school (if applicable): \_\_\_\_\_

Are the child's immunization records housed at the above school:  Yes  No If no, list the school where they are housed: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

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

### Parents/Custodial Parents:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

City State Zip

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

Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

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

City State Zip

Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

City State Zip

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

Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_

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

City State Zip

Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

### Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

\_\_\_\_\_

Will the child be transported by the agency?  No  Yes If yes, check all that apply:  to school  from school  to home  from home  field trips only - with prior written permission for each off-site activity

### Emergency Contact Information:

1. Name of person, other than the child care provider, authorized to act for parent in an emergency.

\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place & Address of Employment/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

2. Name of person, other than the child care provider, authorized to act for parent in an emergency. \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City State Zip

Place & Address of Employment/School: \_\_\_\_\_

City State Zip

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

3. Name of person, other than the child care provider, authorized to act for parent in an emergency. \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City State Zip

Place & Address of Employment/School: \_\_\_\_\_

City State Zip

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Alternate Phone Numbers (cell): \_\_\_\_\_

**Physician Contact Information:**

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City State Zip

**Background Information:**

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Experiences with Others:**

What are some of the ways the child plays at home? \_\_\_\_\_

Does he/she play with children from other families? \_\_\_\_\_ How? \_\_\_\_\_

Does he/she react when he/she does not get his/her own way? \_\_\_\_\_

Is the entire family together for any time during the day? \_\_\_\_\_

**Eating Habits:**

At what time does the child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Between-meal Snacks? \_\_\_\_\_ Does the child feed himself/herself? \_\_\_\_\_

What is the child's general attitude toward eating? \_\_\_\_\_

If the child refuses to eat, how is this handled and by whom? \_\_\_\_\_

Food Favorites: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

**Sleep Habits:**

Has own room: \_\_\_\_\_ Shares room with:  Other Children  Parents  
At night sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Sleep Per Night: \_\_\_\_\_  
Naps from \_\_\_\_\_ to \_\_\_\_\_ Average Hours of Naps: \_\_\_\_\_  
Attitude toward going to bed: \_\_\_\_\_  
If there is difficulty, how is this handled? \_\_\_\_\_  
Habits associated with going to bed? \_\_\_\_\_  
Is bed wetting an issue? \_\_\_\_\_ At nap time? \_\_\_\_\_ At night? \_\_\_\_\_  
If yes, how is the situation handled? \_\_\_\_\_

**Toilet Habits:**

Time at which child is taken to the bathroom? \_\_\_\_\_  
Can the child take themselves? \_\_\_\_\_ Time of bowel movement? \_\_\_\_\_ Regular? \_\_\_\_\_  
Constipated? \_\_\_\_\_ Does the child tell you when he/she needs to go and does he/she go willingly? \_\_\_\_\_  
Can he/she manage his/her clothes at the toilet? \_\_\_\_\_ What words does he/she use for:  
Urinating: \_\_\_\_\_ BM: \_\_\_\_\_

**Speech and physical Growth:**

The child talks:  Well  Fairly Well  Not Very Well  Not at All  
Does anyone read to the child? \_\_\_\_\_ How regularly? \_\_\_\_\_ At what age did the child creep? \_\_\_\_\_  
Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Which of the following words would you use to describe the child (check all that apply):  
 active  quiet  thin  average weight  heavy  tall  average height  short  friendly  unfriendly  
Is there any other information you think we should have about the child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ongoing Medical Care:**

Does the child have any medical diagnosis that requires ongoing care? \_\_\_\_\_  
If yes, explain what type of care is administered at home and by whom? \_\_\_\_\_  
Are you requesting that this care be provided at the facility?  Yes  No If yes, describe the care required:  
\_\_\_\_\_  
\_\_\_\_\_

(Request a doctor's statement for any specified requests for care at the facility).

**Parent Declarations:**

I received a summary of the licensing requirements.  
I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).  
I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: \_\_\_\_\_  
I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.  
I authorize the agency to transport my child as specified in the transportation plan section (see page 1).

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s) Date

Date of Child's Withdrawal: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

This form/information shall be maintained for one year after date of disenrollment.

Information on this form shall be updated annually or as needed to ensure the protection of the child.

Date of last update with parent's initials:






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Phone 526-KIDS ♦ Fax 526-5483

**FEE CONTRACT**

This agreement is between Kids Putnam, Inc. ("Center") and the parents/guardians:

\_\_\_\_\_ and \_\_\_\_\_  
(Name of Parent/Guardian - Print name legibly) (Name of Parent/Guardian - Print name legibly)

of \_\_\_\_\_ My child is enrolled at the Center for \_\_\_\_\_  
(Name of Child Enrolled) (Number of Days)

\_\_\_\_\_ days per week for \_\_\_\_\_ hours per week.  
(Number of Hours)

**I. Tuition**

The fee for my child is \$ \_\_\_\_\_ per week to be paid by me on Monday of each week.

\*I have three payment plan options to choose from (choose one) and:

\_\_\_\_\_ I will pay monthly (due on the 1<sup>st</sup> business day of each month)

\_\_\_\_\_ I will pay weekly (due Monday of each week)

\_\_\_\_\_ I will pay bi-weekly (due the first and third Mondays of each month)

**II. Payment Options**

1. Brightwheel app Billing Portal (autopay is an option)
2. Cash
3. Check or Money Order (made out to Kids Putnam)

**III. Late Payments and Charges**

If tuition is not paid by the Wednesday of the week due, a graduated late fee system will be applied to the overdue balance.

\$5 per first week late  
Additional \$10 per second week  
Additional \$15 per third week

\*\*If the overdue balance and fees are not paid by the **Friday of the third week**, childcare services will be reduced or suspended until paid in full.

\*\*\*Should the account continue to be delinquent by the **Friday of the fourth week**, services will be terminated.

**IV. Absences/Vacations**

I understand that the days I am scheduled to pay for must be paid even if the child is absent, as staff are present to serve my child. I also understand that I will be charged according to this contract until a new contract is signed.

I acknowledge the allotment of five (5) vacation/personal days available to use towards absences at no charge to me. The days are available from August to the end of July the following year. By which time they will expire and a new cycle will begin.

**V. Closures/Holidays**

I understand that there will be no charge to me on the days the Center is closed.

**VI. Late Pick-up**

I acknowledge the Center locks its doors and staff leave by 5:15pm daily. I understand that, in the event I am late picking up my child from childcare, I will be charged \$1/minute per child. This fee is separate from my standard tuition fee. And the late fee will be paid in full by the following business day.

**VII. Withdrawal**

As the parent or legal guardian, I understand that a **two-week written notice** must be submitted to the Director before withdrawing my child from Kids Putnam. This is required to provide sufficient time in enrolling another child into the program.

I acknowledge and agree that, if a written two-week notice is **not** provided, I will **still be required to pay the fees for those two weeks.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Use required on or after July 1, 2010.

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

**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) \_\_\_\_\_ Date of Issue MM / DD / YYYY \_\_\_\_\_

# Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee\*

## Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School For Children Who Started Immunizations Before Age 7 Years\*\*

Required Vaccines with footnote numbers in [ ]	2		4		6		12-15		16-18		Total Doses Required*** For Checking Complete For School Attendance Box on Immunization Certificate
	Months of Age	Months of Age	Months of Age	Months of Age	Months of Age	Months of Age	Months of Age	Months of Age	Months of Age		
[1] Hib HbOC or PRP-T or PRP-OMP	1	2	3	4	4	4					N/A for school (See Footnote [1])
[1] Hib PRP-OMP	1	2	3	4	4	4					N/A for school (See Footnote [1])
[2] PCV	1	2	3	4	4	4					N/A for school (See Footnote [2])
[3] DTP, DTaP, DT	1	2	3	4	4	4	5				5, 4 or 3 (See Footnote [3])
[4] Polio	1	2	3	3	3	3	4				3 (See Footnote [4])
[5] Hepatitis B	1	2	2	2	2	2	2				(See Footnote [5])
[6] Hepatitis A	1	2	2	2	2	2	2				(See Footnote [6])
[7] MMR	1	2	2	2	2	2	2				2 (See Footnote [7])
[8] Varicella	1	2	2	2	2	2	2				2 (See Footnote [8])
[9] Tdap	1	2	2	2	2	2	2				(See Footnote [9])

\*These requirements were established in accordance with the current Recommended Childhood and Catch-Up Immunization Schedules, United States. Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

\*\*For children starting immunizations at age 7 years or older, refer to the catch up schedule available at the Department of Health website or the ACIP catch-up schedule for that age available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

\*\*\*Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

### Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum Interval from dose 1 to 2	Minimum Interval from dose 2 to 3	Minimum Interval from dose 3 to 4	Minimum Interval from dose 4 to 5
[1] Hib (Primary Series)					
HbOC & PRP-T	6 weeks	1 month	1 month	See Footnote [1]	N/A
PRP-OMP	6 weeks	1 month	See Footnote [1]	N/A	N/A
[2] PCV	6 weeks	1 month	1 month	See Footnote [2]	N/A
[3] DTP/DTaP (DT)	6 weeks	1 month	1 month	6 months	See Footnote [3]
[4] Polio	6 weeks	1 month	1 month	See Footnote [4]	See Footnote [4]
[5] Hepatitis B	birth	1 month	See Footnote [5]	N/A	N/A
[6] Hepatitis A	12 months	6 months			N/A
[7] MMR	12 months	1 month	N/A	N/A	N/A
[8] Varicella	12 months	3 months	N/A	N/A	N/A
[9] Tdap	See Footnote [9]				

With respect to these intervals, 1 month is a minimum of 4 weeks or 28 days.

Do not restart any series, no matter how long since the previous dose. Doses given  $\leq 4$  days before the minimum age or the minimum interval may be counted as valid. Two different live vaccines must be given on the same day or spaced at least 28 days apart.

### Footnotes

- The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3-dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary series and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used. The number of doses in the PCV series depends on age at 1st dose. The last dose in the series should be given at least 2 months after the previous dose and not before 12 months of age. One dose of PCV is required for all children aged 24-59 months in child care with any incomplete schedule.
- The minimum interval between the 4th and 5th doses is 6 months; it may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered  $\geq 4$  months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose should be given at 4-6 years. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed.
- The 3rd dose of Hepatitis B vaccine should be given a minimum of 4 months after the 1st dose and 2 months after the 2nd dose and not before 24 weeks of age.
- One dose of Hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule is for two doses to be given, 6 months apart, between 12 and 24 months of age. Effective July 2011, proof of a total of two doses is required by Kindergarten entry.
- The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine. The vaccines may be given as MMR or MMRV (combined antigens) or as single antigens.
- The varicella requirement is for 2 doses of varicella-containing vaccine or history of disease for all students entering K or 7th grade, and new entrants into a Tennessee school in any other grade. These may be administered as single dose varicella or in combination as MMRV.
- Tdap is required for 7th grade entry; Tdap is NOT required if a Td booster dose is recorded as given less than 5 years before 7th grade entry (on the appropriate DTaP / DT / Td line of the certificate).

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**EMERGENCY MEDICAL TREATMENT & LIABILITY RELEASE**

I HEREBY AUTHORIZE KIDS PUTNAM, INC. TO SECURE ANY EMERGENCY MEDICAL TREATMENT FOR MY CHILD, WHETHER DUE TO ILLNESS OR ACCIDENT, IN THE EVENT IT IS IMPOSSIBLE OR IMPRACTICAL TO CONTACT ME PERSONALLY. I AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY FINANCIAL COSTS INCURRED BY SAID TREATMENT.

I UNDERSTAND THAT KIDS PUTNAM WILL TAKE EVERY PRECAUTION TO ENSURE THE SAFETY OF THE CHILDREN INVOLVED IN THE ACTIVITIES AT THE CENTER; HOWEVER, SHOULD INJURY OCCUR, I HEREBY RELEASE THE CENTER, ITS EMPLOYEES, AND THE BOARD OF DIRECTORS FROM LIABILITY OR LEGAL RESPONSIBILITY.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE



## **KIDS PUTNAM, INC.**



1130 Chocolate Drive, Cookeville, TN 38501  
Phone 526-KIDS ◆ Fax 526-5483

### Building Entry Code

Please write down a 4-digit pin number you will remember for our security system so that you may enter the building.

To gain entry into the building, enter your code then press “\*”.

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

Code: \_\_\_\_\_

### Email Sign-Up

If you would like to receive monthly newsletters, menus, and updates from us, please write your name and email address!  
(please print legibly ☺)

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

*Thanks!*





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**OBSERVATION BY NON-CHILDCARE AGENCY STAFF**

WE ARE PERIODICALLY OBSERVED BY NON-CHILDCARE AGENCY STAFF. EXAMPLES INCLUDE: DHS LICENSURE, DCS PERSONNEL, TEIS SERVICE COORDINATORS, SCHOOL SYSTEM PERSONNEL, ETC.

BY SIGNING, YOU GIVE PERMISSION FOR ANY OF THE ABOVE PERSONNEL TO OBSERVE WITHIN YOUR CHILD'S CLASSROOM.

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE



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**MEDIA PRODUCTION RELEASE**

I hereby give to Kids Putnam, or their assignees, the permission to use my child's photograph (whether still, motion picture, or televised), recorded voice, and/or name for any of the following productions:

- \_\_\_\_ Kids Putnam productions including newsletter, instructional material, client records, Brightwheel, and/or publicity information.
- \_\_\_\_ Social media (e.g. Facebook)
- \_\_\_\_ Fundraising events, posters, and video

I do not give Kids Putnam, or their assignees, permission to use my child's photograph for any publicity.

\*I understand this approval may be revoked immediately upon my written statement to Kids Putnam. It will be voided at twelve months after the date or termination of my child from any program operated by Kids Putnam. I further understand that material produced prior to written revocation, or the time limitation, may continue to be used until exhausted with any reproductions requiring additional consent by myself.

---

SIGNATURE

---

DATE



## Kids Putnam Illness Policy

Our program will not keep actively sick children. It is the parent's responsibility to make alternative arrangements in the event of illness. A child must be picked up immediately after a parent is called. A return to group care form completed by a doctor will be required in order to return to school when:

1. A child has had a diagnosed communicable disease (strep throat, head lice, pink eye, impetigo, etc). We do not require a statement when a child has had chicken pox, but we will do a visual check to make sure all the pox are dried.
2. A child has undergone surgery or has been hospitalized.

If your child becomes ill over the weekend or in the evening, please call to let us know the absence is due to illness.

### FEVER OF 101 DEGREES

The child may remain in the center with a temperature **less than 101** degrees if the child is without symptoms. We will notify the parents and the child may remain unless the temperature reaches 101 degrees. At this point the child must be picked up from the center.

1. A child cannot return until he/she has been free of fever (**under 100 degrees**) for 24 hours
2. We do not give fever suppressants.

### VOMITING

1. We will call parents after **ONE** episode.
2. A child cannot return until 24 hours after last episode.

### DIARRHEA

1. We will call parents after **TWO** episodes.
2. A child cannot return until 24 hours after last episode

If the diarrhea is a result of medication, teething or allergies, a doctor must specify this in writing or by phone call before the child can return to school.

### EAR INFECTIONS/SINUSITIS

1. A child can return to school the next day if feeling good enough to participate in group activities and if fever is below 100 degrees, but needs to bring medication and verification of doctor visit.

### PINK EYE

If a child is observed having a pink/red eye and/or eye secretion/crust, we will ask the child to be seen by a doctor. If there's a positive prognosis, the child may return 24 hours after receiving medication. If negative, the child may return with a doctor's note.

### RASHES

If a child develops a rash with unknown cause, we will ask that a doctor check the rash and verify in writing or by phone that it is not contagious. We will request lotion or salve to treat poison ivy, poison oak, chigger, flea, and mosquito bites.

### THRUSH

Milk patches that cannot be wiped clear, usually on cheeks, roof of mouth, and tongue. Contact doctor promptly for diagnosis and treatment. We will require that your child be on prescription medication prior to returning to school.

### RSV and COVID-19

The child must **stay out for 5 days** to ensure they are over the illness and to ensure the safety of our other children.

### PRESCRIPTION MEDICATION

We will administer prescription medication with a doctor's note and if they must take 4 or more times a day.



# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

Influenza vaccine can prevent **influenza (flu)**.

**Flu** is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.



## 4 Risks of a vaccine reaction

- Soreness, redness, and swelling where shot is given, fever, muscle aches, and headache can happen after influenza vaccine.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13), and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Tell your health care provider if a child who is getting flu vaccine has ever had a seizure.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's [www.cdc.gov/flu](http://www.cdc.gov/flu)







## Tennessee Department of Human Services Influenza Information Notification Form

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

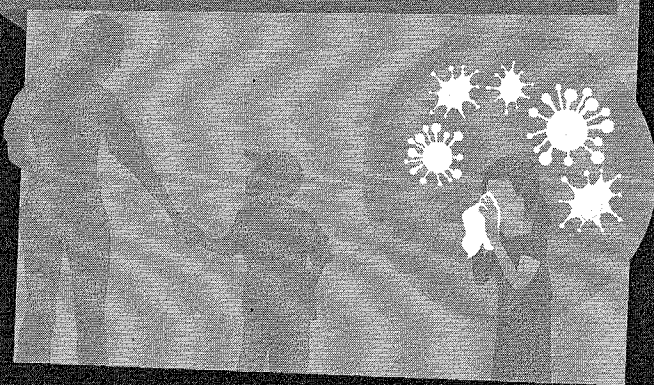
Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory viruses like 2019 novel coronavirus.

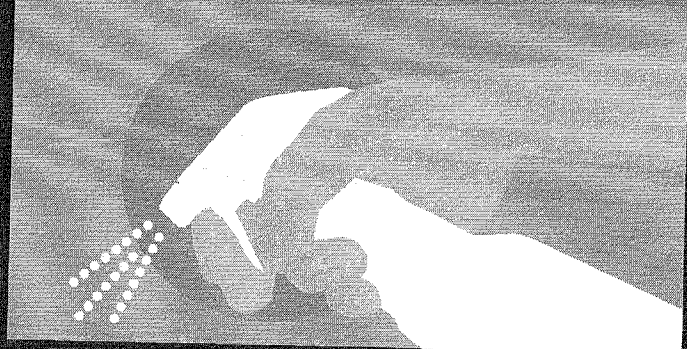
Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



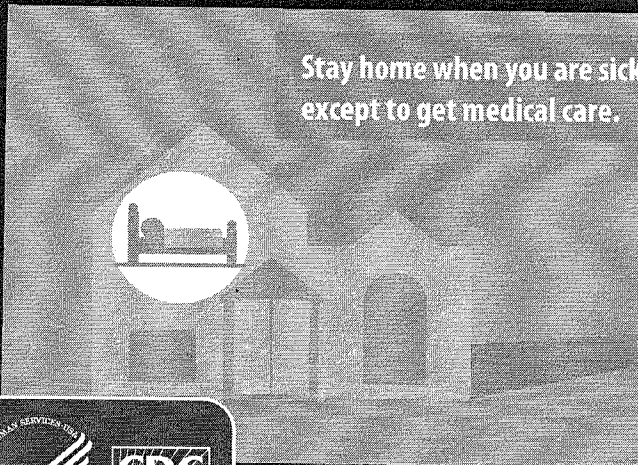
Clean and disinfect frequently touched objects and surfaces.



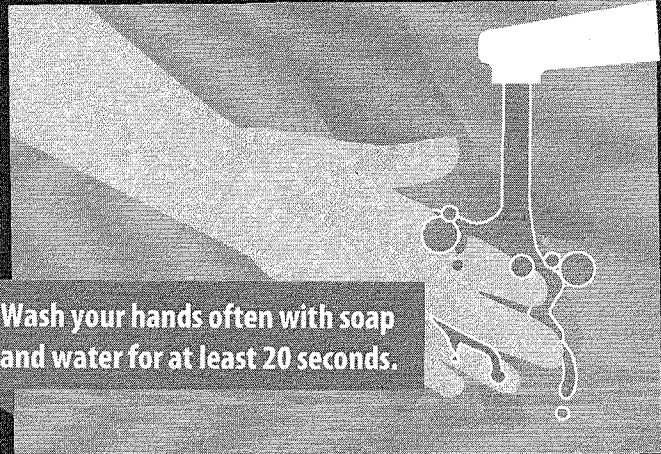
Avoid touching your eyes, nose, and mouth.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: [www.cdc.gov/nCoV](http://www.cdc.gov/nCoV)



**KIDS-PUTNAM**



1130 Chocolate Dr. ♦ COOKEVILLE, TN 38501 ♦ PUTNAM  
Phone 526-KIDS ♦ Fax 526-5483

**ACKNOWLEDGEMENT STATEMENT**

I HEREBY CONFIRM THAT KIDS PUTNAM, INC. HAS PROVIDED ME WITH THE FOLLOWING:

YES      NO

\_\_\_\_\_      \_\_\_\_\_ Policy Statement and Information including Nondiscrimination Assurance, Rules of Conduct, and Statement of Rights.

\_\_\_\_\_      \_\_\_\_\_ I have received and reviewed the Kids Putnam policies and handbook information.

\_\_\_\_\_      \_\_\_\_\_ Written copy of the Grievance Procedure.

\_\_\_\_\_      \_\_\_\_\_ My child is free to participate in activities that may be considered religious in nature, such as Easter, Christmas, songs, mealtime prayers, etc.

\_\_\_\_\_      \_\_\_\_\_ My child is free to participate in Multicultural activities.

\_\_\_\_\_      \_\_\_\_\_ I understand that this facility is licensed by the Department of Human Services and have received a copy of the DHS Summary Licensure/Approval Requirements.

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## SUMMARY OF LICENSING REQUIREMENTS FOR CHILD CARE AGENCIES

This summary is a guide for parents of children in licensed child care agencies and it outlines some of the requirements child care agencies must meet in order to be licensed. **The purpose of licensing is the protection of children while under the care of child care agencies licensed by the Department of Human Services and to promote developmentally appropriate practices that enhance early learning and foster parental engagement.** The Department of Human Services licenses child care agencies with five (5) or more unrelated children operating for three (3) or more hours per day unless exempt. Questions about these requirements or concerns about an agency's compliance should be referred to the local DHS office. This summary does not contain all of the requirements for licensed child care agencies detailed in the Department's child care law and rules; therefore, you may ask your agency for the complete set of licensure rules for child care agencies or you can access the rules through the [Department's website](#)

### Ownership, Organization, and Administration

- 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 less than 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.
- The agency must maintain written documentation that the parent performed an on-site visit to the agency to review the agency's facility and parent engagement strategies prior to enrolling the child (not required for children of homeless families).
- Child care agencies shall establish a drug testing policy for all staff having direct contact with children.
- 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, unless legal documents prohibit or restrict access.
- Agency shall have ongoing communication with parents/guardians to include curriculum, changes in personnel, changes in policies and/or substantive licensing requirements, and any changes affecting children's routine care, and shall document such communication in writing.
- Child care agencies shall provide information about the benefits of immunizing children against influenza and other communicable diseases each August or September to parents/guardians of all children enrolled in the child care agency and document such communication in writing.
- The licensee and agency staff shall not disclose or knowingly permit the use by other persons, any information concerning a child or family except as required by law.
- The child care agency's current license and quality rating improvement system score shall be posted near the main entrance.
- A written expulsion policy shall be clearly articulated to parents and staff.

### Staff

- Family and group home child care agencies must notify parents in advance of the person in charge during primary educator's absence.
- A staff member shall be designated to be in charge of the child care agency in the absence of the primary educator/director and the name of the person shall be communicated to staff. Such person shall be familiar with child care agency policies/procedures.
- Prior to having unsupervised contact with children, new

employees shall receive orientation and pre-service training.

- Substitutes and practicum students providing services for more than 36 hours in a calendar year shall meet background check requirements and have a physical exam prior to beginning duties.
- Volunteers cannot be counted to meet the adult: child ratios and shall never be left alone with children.

### Criminal Background Check

- Criminal background checks are required for all staff at least every five (5) years.
- The following persons are required to have a background check no more than ninety (90) days before having access to any child care agency: any person who owns or operates a child care agency; any person who applies to work in a child care agency; any person who will provide substitute services to a child care agency for more than thirty-six (36) hours in a calendar year and who is counted in the adult:child ratio; and any person who is fifteen (15) years of age or older who will reside in a child care agency.

### Record Keeping

- A record for each child shall be maintained within the child care agency.
- All records shall be maintained in an organized manner onsite, in a centralized location, or available electronically, and made readily available upon Department request.
- Written plan of action must be endorsed by a physician for a child with life threatening allergies.
- Parent must provide written consent for emergency medical care/treatment.
- Written statement must be on file that lists to whom the child shall be released
- Written transportation agreement between parent and the child care agency regarding daily transportation shall be on file.
- Daily attendance records that include the full name and time in time out for each child shall be maintained on site.
- The child care agency shall obtain individual permission slips signed and dated by the parent for each field trip prior to the activity.
- Each infant, toddler and preschool child shall have a written transition plan for moving from one age group to another.
- 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 of homeless families and/or children in state custody may receive care for up to sixty (60) days prior to providing documentation of immunizations and well-child examinations.

### Incident Reporting

- Incidents, accidents, injuries and signs of illness shall be reported to the parent no later than the child's release on the date of occurrence and documented immediately with specific



information; such information shall be provided to the parent the same day of the incident and filed in the child's record.

- The child care agency shall notify the Department of all serious incidents the same day of the incident by contacting the Complaint Hotline or submission via the parent portal.
- Serious incidents involving suspected child abuse or neglect must be reported to the Department of Children's Services.

**Duty to Report Child Abuse and Neglect**

- Every operator, owner, licensee, director, primary educator or staff member of, or substitute staff member or volunteer in, a child care agency licensed by the Department of Human Services is individually responsible and required to immediately report any reasonable suspicion of child abuse or neglect to either the Department of Children's Services and/or local law enforcement or the judge of the juvenile court in the county of the child's residence, pursuant to T.C.A. §§ 37-1-403 and 37-1-605.
- All child care agency staff shall receive training annually regarding proper procedures to report child abuse and neglect.

**Supervision**

- All areas of the building and grounds shall be visually inspected after closing for the day to ensure no children have been unintentionally left in any part of the facilities.
- Children shall be released to only the child's parent, or other person authorized by the parent in accordance with child care agency's policies.
- Child care agencies shall maintain a daily sign-in and sign-out sheet or electronic sign-in or sign-out record that includes each child's printed or typed full name, date, time of entry, time of departure and the name of the individual who brought the child and picked the child up.
- Educators providing supervision to children during meal and snack times are prohibited from engaging in activities unrelated to mealtime while children are eating.
- Child care agencies shall develop, follow and post a written mealtime supervision plan.
- Child care agencies shall develop and follow a written playground supervision plan.
- During field trips, the adult:child ratios shall be doubled, and attendance shall be checked prior to leaving the child care agency, upon arrival at each destination, at the beginning and end of each activity; upon departing each destination and upon arrival at the child care agency.
- For family and group homes the adult:child ratio shall be increased by one (1) during field trips.
- When children are engaged in activities in or near a body of water, the following requirements shall be met:

Age Group	Adult:Child Ratio
6 weeks–12 months	1:1
13 months – 35months	1:2
Three (3) years	1:3
Four (4) years	1:4
Five (5) years	1:5
School-age (Kindergarten and above)	1:10

- One (1) adult present shall have a current certificate in advanced aquatics lifesaving skills and shall supervise above the level of the swimmers.
- Safe sleep practices must be followed to prevent suffocation and deaths in infants:
  - ✓ Infants shall sleep in cribs or play yards with a firm sleep surface with a fitted sheet.
  - ✓ Infants shall not sleep on a sofa, soft mattress, adult bed, in a car seat, swing or other restraining devices.
  - ✓ Infants shall be positioned on their backs for sleeping
  - ✓ Bibs shall be removed prior to placing infants in a crib for sleeping.

- ✓ Soft bedding, mobiles and other toys that attach to any part of the crib are prohibited.
- ✓ Infants that arrive asleep in car seats or fall asleep in any piece of equipment other than a crib must be immediately removed and placed on their back in a crib.
- ✓ Avoid letting the infant overheat and ensure infants are dressed appropriately for the environment (no greater than 1 layer more than an adult would wear in the same environment).
- Any practice that is an exception to the Department's safe sleep supervision procedures shall not be used without written authorization from a physician.
- If there is a sleeping or resting child during nighttime, there shall be at least one (1) adult educator awake and supervising.

**Health and Safety**

- Children shall be checked upon arrival each day for signs of illness and injury.
- The receiving educator shall document any obvious marks or injuries and shall note any comments from the parents pertaining to the marks or injuries.
- A child showing signs of illness shall be cared for apart from other children to the extent that supervision can be maintained for all children, and the parent shall be contacted and arrangements made for pick up.
- At least one staff with certification in first aid and one certified in CPR shall be present on site at all times.
- A child diagnosed with a communicable disease shall have proof of treatment prior to readmission if necessary.
- Parents/guardians of every child enrolled shall be notified immediately if a diagnosed communicable disease has been identified in the agency.
- All medications shall be received from the parent by a designated staff person and administered by staff persons who have received training in medication administration.
- Unused medication shall be returned to the parent.
- Medication shall never be administered in bottles or infant feeders unless authorized by a physician.
- All medications shall be inaccessible to children unless a physician's authorization for the current school year is on file that allows a school-age child to have self-administered medication.
- Diaper cream, ointments, sunscreens and lotions shall be inaccessible to children.
- Smoking/vaping is not permitted in any indoor area or vehicle of the child care agency at any time.
- Smoking/vaping is not permitted on the playground or in any outdoor area accessible to children during the time children are present.
- The use of alcoholic beverages is not permitted in a child care agency during the hours of operation.
- 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.
- In a private residence, firearms shall be locked and unloaded with ammunition locked up separately.
- All items labeled "keep out of reach of children" shall be inaccessible to children.
- Personal belongings of residents and staff shall be inaccessible to children.
- Children's diapers shall be checked regularly throughout the day to determine if they are wet or soiled.
- Educators shall provide rich social interchanges and engaging eye contact during diapering.
- Educators shall utilize sanitary diapering procedures.
- Pre-school and school-age children requiring assistance with toileting, shall receive assistance in a location designated for



that purpose which provides privacy.

- Child care agencies shall use U.S. Environmental Protection Agency (EPA)- registered products for cleaning, sanitizing and disinfecting.
- Staff members with signs of a communicable disease shall not be present.

#### **Food and Food Service**

- Educators and children shall wash their hands with soap and water.
- Children shall be seated at tables and chairs of appropriate size, and an educator shall be near any table or high chair where a child is eating.
- An infant shall be held while drinking from a bottle if the infant is too young to use a high chair.
- Educators shall ensure that infants have completed feeding and swallowed all milk/formula prior to being laid down.
- Bottles shall not be propped or given to a child while lying flat.
- Children shall not be permitted to carry a bottle with them throughout the day.
- Children shall not have food or drink while in beds, cots, cribs or on mats.
- In order to prevent injuries related to bottle warmers, crock pots and microwaves:
  - ✓ Crock pots are prohibited for use as bottle warmers.
  - ✓ Crock pots shall be kept in kitchen and inaccessible.
  - ✓ Microwave ovens and surrounding area, including cords, shall not be accessible to children.
  - ✓ School-age children shall use microwaves only under direct supervision.
- In order to prevent choking:
  - ✓ Solid foods, including cereal, shall not be given to children with normal eating abilities in bottles or infant feeders unless written authorization on file from doctor.
  - ✓ Food shall not be accessible/served until cut, chopped, diced, mashed for each child's age, chewing and swallowing ability.
  - ✓ Educators shall check to ensure that no food is left in the mouth of a child prior to placing down for sleep.
  - ✓ Educator is prohibited from performing classroom duties unrelated to food service during mealtime.
  - ✓ Children shall not wear teething necklaces, pacifiers, or any item around their neck or attached to their clothing.
- Breast milk/formula remaining in bottles after feeding shall be disposed of in accordance with timeframes recommended by Centers for Disease Control and Prevention.
- Frozen breast milk shall be labeled with date expressed and name of child.
- Food, formula, milk or breast milk brought from home shall be labeled with the child's name; the date received and shall be refrigerated immediately.
- Previously opened baby food jars shall not be accepted in the child care agency.
- If food is fed directly from the jar by the educator, the jar shall be used for only one feeding and discarded.
- Food provided by the agency shall be in accordance with the USDA's Child and Adult Care Food Program (CACFP) nutritional guidelines.
- No sugar sweetened beverages shall be served to children at any time by the child care agency.
- Children shall be given adequate time to eat.
- Food shall not be used as a reward and should not be forced or withheld.
- Each child's food allergies shall be posted where food is prepared and served.
- For a child with life threatening allergies, a written plan of action should be posted where the educator has immediate

access.

- Agency shall make accommodations that support and facilitate a family's decision to continue breast feeding.
- Home preserved food and raw milk are prohibited.

#### **Equipment for Children**

- Developmentally appropriate equipment and furnishings shall be available for each age group.
- All indoor and outdoor large and heavy equipment, appliances and furnishings shall be secured to prevent falling or tipping over.
- Electrical cords and cords on window blinds or curtains shall be inaccessible to children.
- Indoor equipment, materials, and toys shall be available to provide a variety of developmentally appropriate activities so that each child has at least two (2) choices during play time.
- In infant/toddler rooms, equipment and a safe space shall be provided for climbing, crawling, pulling up and exploring without the use of confining equipment.
- Trampolines are prohibited.
- Climbers, swings and other heavy equipment that could cause injury if toppled shall be securely anchored.
- Climbers and swings shall have a protective fall zone surface recognized by CPSC as a shock absorbing, resilient material.
- Portable equipment shall be securely anchored or rendered immobile if required by manufacturer.
- A quiet rest area and cots or mats shall be available for all children who want to rest or nap.
- For health and safety reasons each crib, cot, bed or mat shall be labeled to assure that each child naps on his/her own bedding.
- Cribs and play yards must comply with CPSC requirements.
- Mattresses and foam pads shall fit the crib without any gaps or spaces to prevent suffocation.
- A blanket or covering shall be available to each child sleeping on a mat.

#### **Program, Language and Literacy Development**

- Every child should have an opportunity to participate in program activities.
- The educator(s) shall give individual attention to each child throughout the day.
- Upon arrival, infants and toddlers shall be removed from car seats immediately.
- Child shall never be left unattended in any restraining device and shall not be kept in any restraining device longer than fifteen (15) minutes, except when eating while in a high chair.
- The use of electronic media and other electronic devices is prohibited for children less than two (2) years of age.
- Programs, movies, computer games, and music with violent or adult content shall not be permitted in children's presence.
- Child care agencies shall inform parents in writing of any scheduled media program viewing.
- Other activity choices shall be available to children who do not wish to participate in media time.
- Children of all ages who are in care more than three (3) daylight hours shall have a daily opportunity for outdoor play.
- Weather permitting, infants shall be taken outside two to three times per day.
- Children shall be properly dressed, and the length of time outside adjusted according to weather and age of the child.
- During outdoor play educators shall be alert for signs of weather-related distress such as dehydration and frostbite.
- Children in care for six (6) hours or more shall have an opportunity for a reclining rest period.
- No child shall be forced to lie down/nap or stay on a cot/mat for an extended period.
- Nap areas shall have adequate lighting to allow the educator to

see each child with a quick glance and respond appropriately to the child's physical and emotional needs.

- If music is played in areas where children sleep, it should be soothing and soft enough so children can be heard.
- Potentially shaming, humiliating, frightening, verbally abusive, injurious discipline methods, and/or techniques that isolate children are prohibited.
- Discipline shall not be related to food, rest, or toileting.
- Food shall not be used or withheld as a form of discipline. Active play opportunities shall not be withheld from children who have misbehaved.
- Spanking and all types of corporal punishment are prohibited.
- Toilet learning shall be done in cooperation with parents, and communication with parents maintained during the process.
- Activities shall be intentionally planned based upon the developmental age of the child.
- Infants, less than six (6) months of age shall have direct supervised tummy time every day when they are awake.
- During floor time/tummy time, the floor shall be clean and safe.
- Infants should be placed on a firm, safe surface for tummy time, with no soft materials placed under or around the infant during tummy time.
- If the infant falls asleep during tummy time, educators shall immediately place the infant in a crib on their back and follow all safe sleep procedures.
- For ages three (3) through school-age, a personal safety curriculum shall be provided annually.
- For school-age children the curriculum shall include instruction on reporting physical, sexual or verbal abuse.
- Parents shall be consulted in developing a plan to meet the individual needs of a child with special needs.

#### **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 telephone shall be available at the agency and the telephone number made available to parents.
- 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.
- The outdoor play area shall be enclosed by fence or barrier at least four (4) feet in height.
- Pre-play inspection of outdoor play area shall be completed prior to each use.
- Sandboxes must be covered when not in use.
- Children shall not be present if an adequate water supply is not available.
- Children shall not be present if the sewage system is not operating.
- All rooms used by children shall be maintained at a temperature of between 68 to 78 degrees Fahrenheit.
- Children shall not be present if indoor temperature cannot be maintained between 68 to 78 degrees Fahrenheit.
- Unvented fuel burning heaters and portable heaters are prohibited.
- Swimming pools shall be made inaccessible to children by use of fences and locked gates.
- Swimming is prohibited in drop-in care.
- Swimming pools and/or wading pools shall not be used without prior approval by the Health Department.
- Animals shall be in good health and immunized; free of fleas/ticks; kept away from food storage/ preparation areas and contained in a way that does not allow unsupervised access.
- Reptiles and amphibians shall not be kept as pets.

Revised September 2022

#### **Transportation**

- Child care agencies shall not transport children without prior written approval by the Department.
- Agencies shall conduct vehicle emergency evacuation drills quarterly.
- Use of cell phones and texting is prohibited while driving.
- Routine transportation is limited to forty-five (45) minutes each way (does not apply to field trips for school-agers).
- Agencies shall maintain documentation of daily inspections and necessary repairs
- The interior temperature of the vehicle shall be monitored during extreme weather to ensure child safety.
- 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.
- A staff person designated as reviewer shall walk through the vehicle to confirm that all the children are off the vehicle. The reviewer shall have no other responsibilities during the walk through of the vehicle.
- Family and group homes with a single educator shall develop a Department approved alternative system for ensuring all children are off the vehicle.
- When children are transported to school, they shall be unloaded only at the location designated by the school and only at the time the school is officially open with staff present to receive them.
- Drivers must submit to an annual health examination and pass a drug screening test.
- Drivers and monitors shall hold current certification in CPR and First Aid.
- The following equipment shall be maintained in the vehicle and stored in a manner which is not readily accessible to children: fire extinguisher, emergency reflective triangles; first aid kit; seat-belt cutter or similar device manufactured and designed to immediately release the vehicle's child restraint system(s) in an emergency; blood borne pathogenic clean-up kit; and working flashlight.
- All vehicles utilized by a child care agency which are designed to carry ten (10) or more passengers shall conform to all Federal Motor Vehicle Safety Standards for school buses.
- All child care vehicles designed by the vehicle manufacturer to carry ten (10) or more passengers shall be inspected as required by the Department.
- Child passenger restraints must be used in accordance with state law and federal law.
- Signage that includes the agency name, phone number and the Department's toll-free Child Care Complaint phone number must be on child care vehicles.

#### **Emergency Preparedness**

- The agency, in consultation with appropriate local authorities and local emergency management, shall develop a written multi-hazard plan to protect children in the event of emergencies.
- All child care agencies shall also inform parents and guardians

of children attending the child care agency of the plan.

**Specific Requirements For Family Child Care Homes**

- Adult:Child ratios shall be maintained at all times.
- Licensed capacity shall not be exceeded.
- Family Child Care Home Ratios and Group Size Chart

Maximum Number of Children and Ages (Including children "related" to the primary educator under nine (9) years of age)	Educators Required
Seven (7) or fewer children; and no more than four (4) under two (2) years	1
Seven (7) or fewer children; and five (5) or more under two (2) years	2
More than seven (7) children; and no more than four (4) under two (2) years	2
More than seven (7) children; and five (5) or more under two (2) years	3

- A qualified educator shall be on site any time the primary educator is not on site during child care operating hours.
- The maximum number of children present inside a physical space shall be determined by minimum square footage requirements.
- If the number of children exceeds seven (7) at one time or care is provided in one room of the home, the area shall provide thirty (30) square feet per child of useable play space.

**Specific Requirements For Group Child Care Homes**

- Adult:Child ratios shall be maintained at all times.
- The maximum number of children present shall not exceed twelve (12). Exception: Three (3) additional school-age children may be in care before/after school, school holidays/snow days and during summer vacation.
- Group Home Ratio and Group Size Chart:

Number of Children	Ages of Children	Educators Required
Twelve (12) – Fifteen (15) (any number over twelve (12) must be school-age)	No more than twelve (12) children three (3) years of age or older	1
Twelve (12) – Fifteen (15) (any number over twelve (12) must be school-age)	Up to nine (9) children under three (3) years of age; and no more than four (4) present under two (2) years of age	2
Twelve (12) – Fifteen (15) (any number over twelve (12) must be school-age)	Ten (10) or more under three (3) years of age	3

- If school-age children are enrolled, a school-age program shall be provided.
- If four (4) or more infants/toddlers attend, they shall have a separate and distinct space and their own educator.
- When children are sleeping or resting, there shall be at least one (1) adult awake and supervising and adult to child ratios shall be maintained.
- Primary educators shall have a high school diploma or equivalent.
- Owners who are employed elsewhere shall ensure that the primary educator is always on-site.
- The primary educator shall not be employed at any other job during the hours of operation unless the Department has approved the primary educator's employment in a program sponsored or recognized by the Department.
- A qualified educator shall be on-site any time that the primary educator is not on-site during child care operating hours.
- A minimum of thirty (30) square feet of useable indoor play space shall be provided for each child.
- The maximum number of children who may be present inside a physical space shall be determined in accordance with the minimum square footage requirements.

**Specific Requirements For Child Care Centers**

- Adult: child ratios must be maintained at all times.
- When more than twelve (12) children are present a second adult must be physically available on the premises.
- Child Care Ratio and Group Size Charts

Age of Children	Adult:Child Ratio	Maximum Group Size
6 weeks – 15 months	1:4	8
12 months – 30 months	1:6	12
24 months – 35 months	1:7	14
3 years	1:9	18
4 years	1:13	20
5 years	1:16	20
School-age (Kindergarten and above)	1:20	No max

Age of Children	Adult: Child Ratio	Maximum Group Size
6 weeks – 30 months	1:5	10
2 years – 4 years	1:8	16
2 ½ years – 3 years	1:9	18
2 ½ years – 5 years	1:11	20
2 ½ years – 12 years	1:10	10
3 years – 5 years	1:13	22
4 years – 5 years	1:16	24
5 years – 12 years	1:20	No max

- Ratio Chart first/last hour and one-half (½) of each day only:

Age of Children	Adult: Child Ratio	Maximum Group Size
2 ½ years – 5 years	1:10	10
3 years – 12 years	1:15	15
4 years – 12 years	1:20	20

- Each child must be on roll in a defined group and assigned to that group with a specific educator(s).
- Infants shall have a separate space and shall never be grouped with children older than thirty (30) months of age.
- Children shall not be promoted to a new group until required based upon the age and developmental needs of the child.
- Groups, excluding infants & toddlers, may be combined for short periods for a special activity no more than sixty (60) minutes per day as long as adult:child ratios are met.
- Each group shall have a designated classroom with enough space for the entire group.
- Child care centers shall provide written lesson plans for each group of children.
- When more than twelve (12) children in first grade and above are present, a separate educator, group, space and program shall be provided for them.
- The maximum number of children who may be present inside a physical space shall be determined in accordance with the minimum square footage requirements.
- A minimum of thirty (30) square feet of useable indoor play space shall be provided for each child.
- Each nap room shall contain a minimum of thirty (30) square feet of floor space per child.
- In an infant or toddler room with more than one educator, each educator 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, communication, etc.
- Following the issuance of a license, a child care center may operate without an on-site director for a period of not more than sixty (60) days total within the licensing year.

**Specific Requirements For Drop-In Child Care Centers**

- Before accepting a child for care, the parent shall provide a statement regarding the estimated amount of time that the parent anticipates that the child will be in attendance.
- The child care agency shall familiarize staff with personal safety material and be prepared to discuss them with parents.
- The drop-in center shall have an on-site director and the director shall be at least twenty-one (21) years of age.
- The director shall have earned a high school diploma or its equivalent and one (1) year of full-time work experience with children in a group setting.
- Each educator who is used to meet the minimum required adult:child ratio shall have a high school diploma.
- Children shall be placed in age appropriate groups and with adequate adult educator supervision:

Age Grouping:	
Age of Children	Adult:Child Ratio
Six (6) weeks –Fifteen (15) months	1:4
Twelve (12) months – Thirty (30) month	1:8
Two (2) years	1:12
Three (3) years	1:15
Four (4) years	1:18
Five (5) years (not in Kindergarten)	1:20
School-age (Kindergarten and above)	1:22

- The adult:child ratio for a multi-age group containing infants:

Majority Age of Children Present	One Infant	Two Infants
12 months – 30 months	1:8	1:6
2 years	1:10	1:8
3 years	1:12	1:10
4 years	1:15	1:12
5 years (not in Kindergarten)	1:17	1:13
School-age (Kindergarten and above)	1:19	1:15

- If food is provided by the agency, it shall meet the USDA's Child and Adult Care Food Program nutritional guidelines.
- The maximum number of children who may be present inside a physical space shall be determined in accordance with the minimum square footage requirements.
- A minimum of thirty (30) square feet of useable indoor play space shall be provided for each child.
- Each nap room shall contain a minimum of thirty (30) square feet of floor space per child.
- Staff shall have documentation of all children's allergies and how to deal with any allergic reaction.
- Staff shall review emergency preparedness and fire procedures and shall physically walk through the evacuation process every quarter.
- Prohibited activities include swimming, transportation and the provision of specialized services.

Tennessee Department of Human Services  
 ChildCare Services website is located here:  
[Child Care Services \(tn.gov\)](http://www.tn.gov)

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 Quality Rating and Improvement System (formerly Report Card and Star Quality Program)
- ✓ Locate the local child care licensing office
- ✓ Review the current personal safety curriculum
- ✓ Read about new initiatives in child care
- ✓ Locate the nearest child care certificate office
- ✓ Find info on choosing child care
- ✓ Locate a child care resource and referral center

And much more!

**Child Care Resource and Referral Centers**

The Tennessee Child Care Resource and Referral (CCR&R) Network has 9 CCR&R sites located across the state. Each CCR&R employs a team of highly qualified coaches who provide training and coaching to DHS licensed child care educators in their area. CCR&Rs also provide valuable resources to parents looking for quality child care. For more information visit the Child Care Services website or [tnccr.org](http://tnccr.org)

**kidcentral TN**

Information about child health, education, and development as well as available state services can be found at: <https://www.kidcentraltn.com/>

**Department of Children's Services Hotline**

Report Child Abuse or Neglect  
 1-877-237-0004

**Child Care Complaint Hotline**

Nashville Area: (615) 313-4820  
 Toll Free: 1-800-462-8261

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