

# Barrington

## Christian Academy

*early learning center*



Welcome to Barrington Christian Academy! The first day of preschool is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. As wonderful as this new experience may be, for many children this may be their first experience of separation from parents or care givers at home. It is common for even the most outgoing child to be anxious the first day of school.

We have provided a few suggestions for assisting your child during this time. Remember the preschool staff will be available to provide support and assistance; making your child's first school days happy days.

- Convey a positive attitude. Young children are aware of your feelings. Your enthusiasm will assure the child that school can be a fun and exciting place.
- Establish a routine involving both the night before a school day as well as morning preparation. Rituals and routines will add predictability and are comforting in unfamiliar situations.
- Bring something from home. This is acceptable and often reassuring in helping the child with the initial adjustment to school. This item may be a treasured blankie or even a photo from home.
- Clearly state to your child where you will be and when you will return. It may also be helpful to discuss what will happen when you are reunited.
- Maintain a clear good-bye routine. This may include warning the child you are leaving in 3 minutes, a kiss and hug, or a wave from the window. Once you tell your child you are leaving, it is important to follow through. Extending the good-bye with, "Ok just one more kiss, and then I really have to go" tends to heighten anxiety rather than relieve it. Avoid sneaking out, as this seems to encourage children to become less trusting and makes the second day of school even harder.

Again, please know we are here to help make the first day of school a happy transition and we look forward to an exciting and fun year. Welcome!



## Enrollment Packet Forms

- ☐ Childs Application
- ☐ Single Page Emergency Binder Form
- ☐ Our Daily Bread Form (2 pages)
- ☐ Certificate of Immunization
- ☐ Over the Counter preparations form (also called Non Prescription Medication form)
- ☐ Credit/Debit Card Form
- ☐ Parent Handbook Acknowledgement Form

*For Office Use*

# Barrington

## Christian Academy

*early learning center*



### 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: \_\_\_\_\_

#### Parents/Custodial Parents:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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  
☐ field trips only - with prior written permission for each off-site activity

Photographs and videos are taken on different occasions such as birthdays and holidays. We use these pictures/videos in our center for teaching aids, arts & crafts, albums, website, and various other things. Please mark the appropriate box:  
☐ I give permission ☐ I do not give permission for BCA to take photographs of my child should the occasion arise.

Parent Signature: \_\_\_\_\_



**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: \_\_\_\_\_  
City State Zip

Place & Address  
of Employment/School: \_\_\_\_\_  
City State Zip

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? \_\_\_\_\_

# 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






BCA currently provides and serves all children in our care meals and snacks at no additional cost to you. In order to continue to do so, we must have this form filled out annually for every child that is in our care. "Our Daily Bread" is a sponsor of the CACFP (The Child and Adult Care Food Program) in which provides financial reimbursements for nutritious meals and snacks to licensed daycare centers. Regardless of your income this form will need to be completed and returned into the office along with all the other necessary paperwork required for enrollment. The information on this form is used solely for the purpose of helping with the cost of the meals we serve your child.

Thank You,

Cathy Sullenger,  
Site Director



Tennessee Department of Human Services (TDHS)	  Child and Adult Care Food Program (CACFP) <b>INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTER PARTICIPANT(S)</b>	<b>Form HS-1949</b> Revised May 2011	
<b>PART 1A - NAME OF CHILD CARE CENTER</b> (Enter the name of the child care center):			
<b>PART 1B - PARTICIPANT(S) SERVED BY CENTER</b> (Enter the information below for all children from your household that are enrolled for care at the child care center):			
Name	Age	Check if Foster Child	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<b>PART 2A - HOUSEHOLDS WHICH ARE CURRENTLY RECEIVING BENEFITS THROUGH THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR FAMILIES FIRST (FF) CASH ASSISTANCE OR FAMILIES FIRST (FF) CHILD CARE ASSISTANCE</b> (If your household is now receiving benefits under one or more of these programs, complete this part, and sign the statement in Part 4 - Do not complete Part 2B.): ACCENT Case No. for SNAP or FF Cash Assistance: _____ OR FF Child Care Assistance Case No.: _____			
<b>PART 2B - ALL OTHER HOUSEHOLD MEMBERS</b> (If no information is entered in Part 2A above, complete this part for all household members not identified in Part 1B above and sign the statement in Part 4. Attach additional sheets as necessary)			
Names of All Other Household Members	Earnings from Work (Before Deductions)	Child Support, Alimony or Other Income	Payments Received from Pensions, Retirement, & Social Security
1.	\$ _____ per year	\$ _____ per year	\$ _____ per year
2.	\$ _____ per year	\$ _____ per year	\$ _____ per year
3.	\$ _____ per year	\$ _____ per year	\$ _____ per year
4.	\$ _____ per year	\$ _____ per year	\$ _____ per year
Total Number of Household Members: _____ Total Yearly Income for Household from All Sources: \$ _____ Yearly income is calculated as follows: Multiply Weekly income by 52, Bi-weekly income (received every two weeks) by 26, Semi-monthly income (received twice a month) by 24, and Monthly income by 12. Do not round up any numbers.			
<b>PART 3 - Medicaid and State Children's Health Insurance Programs</b> --- Please check if you do <b>not</b> want the information in this application to be shared with the Medicaid and State Children's Health Insurance Programs: _____ <b>DO NOT WANT APPLICATION INFORMATION TO BE SHARED WITH THE MEDICAID AND STATE CHILDREN'S HEALTH INSURANCE PROGRAMS.</b>			
<b>PART 4 - SIGNATURE</b> (An adult household member must sign the application.) <b>PENALTIES FOR MISREPRESENTATION:</b> I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of Federal Funds; that institution officials may verify the information on the statement; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.			
Printed Name of Adult:		Signature of Adult:	Social Security Number (only last four digits):
Street:	City:	State and Zip Code:	Home Telephone:
<b>PART 5 - ETHNIC/RACIAL IDENTITY</b> (You are not required to answer this question.): For Ethnicity, please check one of the following: _____ Hispanic or Latino _____ Not Hispanic or Latino For Race, please check one or more of the following: _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White. Please see the definitions of Ethnicity and Race on the back of this application.			
<b>FOR INSTITUTION USE ONLY:</b> To identify the eligibility classification of the enrolled children identified above, please circle: Free, Reduced-Price or Paid. To identify the basis for classification, please circle: Categorically Eligible or Income Eligible Determining Official Signature: _____ Date: _____			

**Our Daily Bread Of Tennessee Inc.**  
**ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE**

Barrington Christian Academy / Cathy Sullenger

Name of Child Care Facility / Director Name

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

**Participant Name:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Date of Birth

**Enrollment Date:**

\_\_\_\_\_

**Special Needs Child**

☐

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

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Normal Hours of Care during School Year:**

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**Normal Hours of Care during Summer:**

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

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

Breakfast

AM Supplement

Lunch

PM Supplement

Supper

Evening Supplement

**Parent/Guardian Name:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle Initial

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

\_\_\_\_\_

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

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



CREDIT/DEBIT PAYMENT AUTHORIZATION FORM

**A. APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Child's Name: \_\_\_\_\_

**B. Please complete the following information if you have chosen Credit/Debit card method of payment.**

**BILLING INFORMATION**

Name as it appears on Credit/Debit card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT/DEBIT CARD AUTHORIZATION**

Select one: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit/Debit Card Number

\_\_\_\_\_/\_\_\_\_

Expiration Date

\_\_\_\_\_

Security Code

*I hereby authorize Barrington Christian Academy or its authorized credit/debit card transaction agent(s) to charge all tuition fees, and any other fees due and payable by me to my credit/debit card account indicated above.*

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





**Emergency Binder & Room Binder Form**

Child(ren): \_\_\_\_\_

\_\_\_\_\_

Parent(s): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

\_\_\_\_\_

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

**Emergency Contact (other than parent)**

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

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

Telephone: \_\_\_\_\_

\_\_\_\_\_



### Parent Declarations:

Int'l:

\_\_\_\_ I visited the facility prior to enrolling my child on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_ I received a summary of the licensing requirements.

\_\_\_\_ I do here by authorize emergency medical care for my child (a limited power of attorney may be required for military dependents)

\_\_\_\_ I received a copy of the childcare centers handbook. I have signed and returned the centers copy, verifying that I/we understand and agree to the content. Including tuition payments, sick child policy, and the notice required if I choose to withdraw my child from the center.

\_\_\_\_ The undersigned also agrees to pay all sums due to Barrington Christian Academy (BCA) upon receipt of invoice. In the event of any past due amounts due to BCA more than 20 days past due, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees and court costs.

Parent/Guardian (print) \_\_\_\_\_

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

Photographs and videos are taken on occasions and we use these in our center for arts and crafts, albums, website and other things. Please mark the appropriate box.

☐ I give permission ☐ I do not give permission for BCA to take photographs of my child.

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

Parent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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



Dear Parents and Staff,

Outside food cannot be brought into the center without prior approval from the Director, Ms. Cathy.

Under no circumstances are nuts or any type of nut product, (i.e. peanut butter, almond butter) allowed to be brought into the center.

I acknowledge I have read, understand and agree to abide the above.

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

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

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





### NON-PRESCRIPTION MEDICATION FORM

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

I hereby give permission to \_\_\_\_\_  
to administer the over-the-counter preparations listed below in accordance  
with the directions for use listed on the container.

Specify name brand, frequency and duration of use.

Baby Wipes \_\_\_\_\_

Ointment (Destin, Vaseline, etc) \_\_\_\_\_

Baby Powder \_\_\_\_\_

Sunscreen \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I release the above named daycare provider from any liability from administrating  
these products.

Parent Signature/Date \_\_\_\_\_

Parent Signature/Date \_\_\_\_\_

## TENNESSEE DEPARTMENT OF HUMAN SERVICES

### SUMMARY OF LICENSING REQUIREMENTS FOR CHILD CARE CENTERS

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

#### Ownership, Organization, and Administration

- Every child care center shall have an on-site director.
- General liability, automobile liability and medical payment insurance coverage shall be maintained on the operations of the child care agency's facilities and vehicles.
- Enrollment of children under six (6) weeks of age is prohibited.
- Children shall not be in care for more than twelve (12) hours in a twenty-four (24) hour period except in special circumstances.
- Written documentation that the parent performed an on-site visit to the agency to review the agency's facility and child care policies & practices prior to enrolling the child.
- A copy of the agency's policies, procedures, and the Department's Summary of Licensing Requirements shall be supplied to the parent upon admission of the child.
- Parents shall be permitted to see the professional credential(s) of staff upon request.
- During operating hours, parents shall be permitted immediate access to their children.
- Children shall be signed in and out of the center by the parent or other person specifically authorized by the parent or the appropriate staff person.
- Children's Records
  - Written consent for emergency medical care.
  - Written plan stating to whom the child shall be released.
  - Written transportation agreement between parent and the center regarding daily transportation.
  - Daily attendance that includes time in and time out for each child.
  - Prior written permission of parent for each off-site activity.
  - The records of any child who is five (5) years old in an agency which lacks approved kindergarten status shall include a signed acknowledgment by the child's parents that recognizes that the child's attendance does not satisfy the mandatory kindergarten prerequisite for the child's enrollment in first grade.
- Incidents, accidents and injuries shall be reported to the parent as soon as possible, but no later than the child's release to the parent or authorized representative.
- Incidents, accidents and injuries to children shall be documented immediately and must include: date & time of occurrence, description of circumstances, and actions taken by agency.
- The agency or agency staff shall not disclose or knowingly permit the use by other persons of any information concerning a child or family except as required by law.

- During hours of operation the current license and agency report card shall be posted near the main entrance in a conspicuous location.

#### Supervision

- All areas of the building and grounds shall be visually inspected for children prior to closing the agency for the day.
- Children six (6) weeks through nine (9) years of age:
  - Adult must be able to hear the child at all times, be able to see the child with a quick glance, and be able to physically respond immediately.
  - Exception: during mealtime an adult must be in the direct sight and sound of children ages six (6) weeks through five (5) years of age, not in kindergarten, while the child is eating.
- Children ten (10) years of age and older:
  - Adult must know the whereabouts and activities of the children at all times.
  - Each child shall be greeted and received by a specific caregiver who will have ultimate responsibility for their supervision and care.
  - When children leave a caregiver's assigned area and go to another, the center shall implement a system to track the whereabouts of each child and recognize the transfer of responsibility from one caregiver to another.
- When children ages ten (10) and above are grouped with children under ten (10) the minimum supervision requirements for children six (6) weeks through nine (9) years shall apply.
- When more than twelve (12) children are present on the premises a second adult must be physically available on the premises.
- When more than twelve (12) children in first grade and above are present, a separate group, space and program shall be provided for them.
- Each child must be on roll in a defined group and assigned to that group with a specific caregiver(s).
- Infants shall not be grouped with children older than thirty (30) months, and a separate area shall be provided for them.
- Children shall be kept with the same group throughout the day and shall not be moved, shuffled, or promoted to a new group until required based upon the developmental needs of the child, however
  - Groups, excluding infants & toddlers may be combined for short periods for special activities of no more than thirty (30) minutes per day
  - Groups, excluding infants & toddlers may be combined for up to one (1) hour at the beginning & end of the day as outlined in the A:C ratios:



Ratio Chart - First/Last Hour of Each Day Only

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

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

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

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

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

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

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

- Group swimming is not prohibited but it is also not recommended due to the high risk.
- Sudden Infant Death Syndrome Precautions:
  - Infants positioned on backs when placed in crib for sleeping.

- Soft bedding is prohibited for infants to avoid risk of smothering.
- Infants touched by caregiver every fifteen (15) minutes in order to check for breathing and body temperature.

#### Staff

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

#### Equipment for Children

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

#### Program

- Each caregiver shall be responsible for providing consistent care for a specific infant(s)/toddler(s) which includes but is not limited to: planning, and record-keeping for the child, communication, general interaction with and routine care of the child.
- Children shall not be left in restraining devices such as swings, car seats, or high chairs (in excess of thirty (30) minutes). Stimulation shall be provided to children in those settings.
- Programs, movies, computer games, and music with violent or adult content (including "soap operas") shall not be permitted in children's presence.
- If television, video tapes/DVDs, video/computer games, and/or movies are used, they shall be limited to two (2) hours per day, or the length of a movie if more than two (2) hours in the case of school-agers.
- Other activity choices shall be available to children during television/movie viewing or computer use.
- An opportunity for outdoor play shall be extended to children of all ages who are in care for more than three (3) daylight hours unless outdoor play is prohibitive.



- Children shall be provided an opportunity for outdoor play when the temperature range, after adjustment for wind chill and heat index, is between thirty-two (32) degrees and ninety-five (95) degrees Fahrenheit and not raining; children shall be properly dressed and the length of time outside adjusted according to the conditions and the age of the child.
- During outdoor play caregivers shall be alert for signs of dehydration, heat stroke, frostbite, etc., dependent upon the season.
- Spanking or any other type of corporal punishment is prohibited.
- Discipline that is potentially shaming, humiliating, frightening, verbally abusive, or injurious to children shall not be used.
- Discipline shall not be related to food, rest, or toileting.
- Staff shall plan ahead for developmentally appropriate activities; written lesson plans shall be provided for children of each age group.
- For ages three (3) through school-age, a curriculum shall be offered that shall include instruction, at least once a year, in personal safety – parents notified of and given an opportunity to review the curriculum.
- For school-age children the curriculum shall include instruction on reporting physical, verbal or sexual abuse.

#### **Health & Safety**

- Children shall be checked upon arrival and observed for signs of communicable disease during the day.
- Symptomatic children shall be removed from the group until parents are contacted and health issues are resolved.
- At least one staff with certification in first aid and one certified in CPR on duty at all times.
- The agency, in consultation with appropriate local authorities, shall develop a written plan to protect children in the event of disaster.
- All home/work contact numbers for parents shall be readily available to all staff.
- Impetigo and diagnosed strep shall be treated appropriately for 24 hours prior to readmission to the center.
- Children diagnosed with scabies or lice shall have proof of treatment and be free of nits prior to readmission.
- Serious injuries or signs of serious illness shall be reported to the parent immediately to arrange for emergency treatment.
- Accidents, injuries, and every sign of illness shall be reported, or a reasonable attempt made to report, to the parent as soon as possible, but no later than the child's release to the parent or authorized representative.
- All medications, prescribed and non-prescribed, shall be received from the parent by a designated staff person or management level staff person.
- Medication shall never be handled by children or administered in bottles or infant feeders unless authorized by a physician.
- All medications shall be inaccessible to children.
- Unused medication shall be returned to the parent.
- Smoking is not permitted in the presence of children.
- The use of alcoholic beverages is not permitted in child care centers during the hours of operation of the center.
- Firearms shall not be on the premises of a child care agency, in any vehicle used to transport children or in the presence of a child.
- Staff's personal belongings (purses, backpacks, coats, etc.) shall be inaccessible to children at all times.

- For the protection of children and adults, the Centers for Disease Control guidelines for handwashing and diapering procedures shall be followed.
- If older children are enrolled who lack independent toileting abilities, rules regarding diapering of preschool children shall apply; they shall be changed in a location designated for that purpose and which provides privacy from other children and adults.
- In order to avoid the spread of airborne diseases children shall be positioned on mats in a face to feet alternating pattern during naptime.
- All staff, substitute staff, volunteers are required to immediately report any reasonable suspicion of child abuse or neglect.

#### **Food**

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

#### **Physical Facilities**

- All facilities shall annually pass an inspection verifying compliance with all applicable state and local fire and environmental requirements.
- At least one (1) working, land-line telephone shall be present in the agency.
- If used, answering machines/voice mail shall be monitored at thirty (30) minute intervals except when staff and children are off premises.
- Parents informed that answering machines/voice mail are used.
- A minimum of thirty (30) square feet of usable indoor play space must be provided for each child.
- Outdoor play areas shall contain a minimum of fifty (50) square feet of usable play space for each child using the area at one time.
- Window blind cords and electrical cords on equipment shall be inaccessible to children.



- All rooms used by children shall be maintained at a temperature of between 68 to 78 degrees by means of heating, cooling or ventilation sources approved for use.
- Swimming pools and/or wading pools shall not be used without prior approval by the Health Department.
- If animals or birds are kept in classrooms as pets, they shall be caged away from the food storage and preparation area, and cages kept clean.

#### **Transportation**

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

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

- When children with disabilities are enrolled, all reasonable and appropriate efforts shall be made to provide each child an equal opportunity to participate in the same program activities as their peers.
- The agency shall have written individualized emergency plans for each disabled child who requires more assistance in emergencies.

#### **Sick Child Care**

- This type of care includes the supervision, protection, and meeting the basic needs of children who have short term illness, symptoms of illness, or who have a medical or technological dependency that requires continuous nursing intervention.

- Agencies that provide sick child care either as an exclusive service or as a component of an existing child care service must comply with additional rules specific to this type of care.

**You can access the Department's website at:**

**<http://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**
- **Locate the nearest child care certificate office**
- **Find info on choosing child care**
- **Locate a resource and referral center**

**And much more!**

#### **Child Care Center Rules**

**The full set of the official child care center rules can be found on the Secretary of State's Web Site:**

**<http://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****