

If parents are divorced, the custodial parent is: _____

(Please provide copy of custody order)

Transportation Plan

To insure your child's safety, list ALL other adults to whom your child may be released or who are authorized to provide transportation

	Name	Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Emergency Information

Persons authorized to act for the parents in case of emergency

	Name	Phone #	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Medical/Health

Doctor's name/phone: _____

Does your child have allergies? **Yes \ No**

If yes are any **life threatening**? Explain: _____

Does your child have any sensitivities? If yes explain: _____

Is your child on any special diet? If yes, explain: _____

Is your child taking medication on a regular basis? If yes, explain: _____

Has your child ever been professionally evaluated for speech, behavior or any type of developmental delay? **Yes \ No**

If yes, explain: _____

Has your child ever had a seizure? If yes, explain _____

Is there any information from your child's medical history that would be helpful to the staff?

Living Habits and Emotional Developmental

Please fill out all the information as it relates to your child to assist us in meeting his/her needs:

Toilet Habits:

Does your child use special words to indicate the need to use the restroom? If so, what

Can your child handle basic bathroom needs (*required for 3 yr class and up*)? _____

Eating Habits: (and difficulties, if any) _____

Does your child usually nap or rest during the day? _____

In the sections below PLEASE circle all applicable answers:

***Only for children in One & Two-Year-old Classes : Sleeping Patterns & Feeding**

Rocked/Reads before nap	Sleeps with special toy/doll/blanket	Talks/cries themselves to sleep	Soft music playing
Needs pacifier	Feeds self	Sits in high chair	Other: _____

Peer Interactions (With whom do they spend most of their time):

Preschool	Relatives	Friends/Neighbors	Church
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Child's Playmates:

Older	Younger	Same Age	Mixture
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Recent Stresses:

Moved	Divorce/Remarriage	Parent Traveling	New Baby
Death of relative	Death of pet	Other: _____	

Typical Coping Responses to Stress/Anger/Frustration:

Tantrums	Withdraws	Change in appetite	Destructive behavior (throws, kicks, bites)
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Seeks attention and support

Suck Thumb/Fingers

Other: _____

Compared to other children this age, does your child have problems with:

Speech

Hearing

Vision

Walking/Running

General movements:

What types of discipline are used at home? _____

Has your child ever exhibited behavioral problems in or been dismissed from another preschool program?

If so, please

explain: _____

What are your child's particular interests?

Please note any other information you feel would be helpful to your child's teacher

A copy of your child's updated immunization records must on file by the start of school.

Please read and initial each on the following list:

- I have received a summary of the licensing requirements. _____
- I do hereby authorize the child care facility's staff to obtain emergency medical care for my child/children: (in some cases, such as military dependents, a limited power of attorney may be required by the child care facility.) _____
- I visited the child care facility prior to enrolling my child. _____
- I have received a copy of the child care facility's parent policy statement or handbook, payment contract and signed their copy verifying by receipt my understanding and agreement of their content.

- I understand any changes in the above information is true and accurate to the best of my knowledge.

Signature of parent(s) or custodian(s)

date

**If you have any questions, concerns or comments, feel free to call
Child Care Resource and Referral at 1-800-462-8261**

**2020-2021
WALKER W.E.E. CARE
TUITION PAYMENT PLAN**

The **2020-2021** tuition for children enrolled in Walker W.E.E. Care is as follows:

- \$2,090.00 for 2 days per week
- \$2,612.50 for 3 days per week
- \$3,087.50 for 4 days per week
- \$3,610.00 for 5 days per week

*These fees **do not include** the registration and supply fees.

W.E.E. Care offers two payment options for families to choose from:

Option 1: Pay by Semester

Two equal payments, one in August and one in January

- \$1,045.00 for children attending 2 days per week
- \$1,306.25 for children attending 3 days per week
- \$1,543.75 for children attending 4 days per week
- \$1,805.00 for children attending 5 days per week

Option 2: Pay by the Month

Discounted August payment, followed by nine equal payments (September through May)

August tuition

- \$110.00 for children attending 2 days per week
- \$137.50 for children attending 3 days per week
- \$162.50 for children attending 4 days per week
- \$190.00 for children attending 5 days per week

Remaining payments

- \$220.00 for children attending 2 days per week
- \$275.00 for children attending 3 days per week
- \$325.00 for children attending 4 days per week
- \$380.00 for children attending 5 days a week

*All Option 2 payments are due the **first school day of each month.**

There is a **5% charge** for any accounts unpaid by the **10th** of each month.

Please print your child/children's name in the blank below, check the plan you choose for your family and sign at the bottom. Return the completed and signed form to the W.E.E. Care Director.

Child/Children's name(s): _____

CHILDREN ATTENDING 2 DAYS

- ____ I choose to pay by **semester**. I agree to pay \$2,090.00 for the year. I will make two payments of \$1,045.00; one in August and one in January.
- ____ I choose to pay **monthly**. I agree to pay \$2,090.00 (children attending 2 days) for the year. I will pay \$110.00 in August and then make payments of \$220.00 the first school day of each month beginning in September.

CHILDREN ATTENDING 3 DAYS

- ____ I choose to pay by **semester**. I agree to pay \$2,612.50 for the year. I will make two payments of \$1,306.25; one in August and one in January.
- ____ I choose to pay **monthly**. I agree to pay \$2,612.50 (children attending 3 days) for the year. I will pay \$137.50 in August and then make payments of \$275.00 the first school day of each month beginning in September.

CHILDREN ATTENDING 4 DAYS

- ____ I choose to pay by **semester**. I agree to pay \$3,087.50 (children attending 4 days) for the year. I will make two payments of \$1,543.75; one in August and one in January.
- ____ I choose to pay **monthly**. I agree to pay \$3,087.50 (children attending 4 days) for the year. I will pay \$162.50 in August and then make payments of \$325.00 the first school day of each month beginning in September.

CHILDREN ATTENDING 5 DAYS

- ____ I choose to pay by **semester**. I agree to pay \$3,610.00 (children attending 5 days) for the year. I will make two payments of \$1,805.00; one in August and one in January.
- ____ I choose to pay **monthly**. I agree to pay \$3,610.00 (children attending 5 days) for the year. I will pay \$190.00 in August and then make payments of \$380.00 the first school day of each month beginning in September.

I, _____, have read the Tuition Payment Plan and agree to comply by the plan I have chosen.

Signature: _____ Date: _____



Child Information Sheet

Child's Name: _____

What do you want your child to be called at school? _____

Child's Birthdate (M/D/Y): _____

Parents' Name(s): _____

Child's Siblings (this will help us spell their names on their artwork):

Family Pets: _____

Email Address: _____

Child's Allergies (please include food, animal, or other allergies):

What are your child's favorite snack foods? _____

What are your child's interests? _____

What activities does your child like to do? _____

What are your child's dislikes (food, activities, other): _____

If there is anything else you would like to tell us about your child, please write it on the back.



Parent Survey



Child's Name: _____ Your Name: _____

I would like to know more about your child. The more I know, the better I can work to meet his/her needs. Please answer the questions below. Remember, this is from your point of view. Thank you!

1. List 3-5 words that describe your child's character (cheerful, shy, competitive etc.)
2. What motivates your child?
3. What are your child's strengths?
4. What concerns do you have?
5. What goals do you have for your child this year?
6. Is there anything else you would like me to know about your child?

**2020-2021
WALKER W.E.E. CARE
WITHDRAWAL POLICY**

We understand that circumstances happen and your family may need to withdraw from Walker W.E.E. Care. We require a two week notice for any withdrawal from Walker W.E.E. Care. If a two week notice is not given, you will be charged for the entire month's tuition.

The last day to withdraw for the year is March 1, 2021. If your family chooses to withdraw after March 1, 2021 you will be required to pay the remaining tuition for the school year.

**2020-2021
WALKER W.E.E. CARE
POLICY & PARENT ACKNOWLEDGMENT**

I _____, have read the Parent Acknowledgement Form, Parent Handbook and Withdrawal Policy and agree to comply with the policies and procedures described in the forms and handbook and terms of withdrawal.

I understand that the policies described do not explain every policy but are mere guidelines for the families to follow.

I understand that there may be policies added, changed, or deleted with or without notice. I understand that I will be given written documentation of any changes.

I understand that if I have any questions about any policy listed I may talk to the director.

AGREED AND ACKNOWLEDGED:

Print Name _____

Signature _____

Date _____

(Return the completed, signed form to the W.E.E. Care Director.)

Walker W.E.E. Care Emergency Release Form

I give my permission for WALKER W.E.E. CARE, Walker Baptist Church, 1350 West Main Street, Franklin, Tennessee 37064 to obtain the necessary medical attention needed for my child, _____, while he/she is in the care of the above program and its representatives.

I give my permission for my child to be treated at Williamson Medical Center.

Date: _____

Parent's signature: _____

Physician Information

Primary Physician's Name:

Physician's Phone Number: _____

Medical Group Affiliation: _____
(Clinic/hospital/etc.)

Hospital of Choice: _____

Insurance Information

Company Name:

Group Number: _____ ID Number: _____

Walker W.E.E. Care Photo Release Form

Dear Parents,

As you know, when your children work on lessons or participate in special events, we often have many great photo opportunities. We would like your permission to use photographs taken during class time, special events or celebrations to post internally in classrooms, hallways, for teacher education and as a historical record.

Walker W.E.E. Care also uses photographs of children for publicity purposes. We promote our school using color brochures, our website, social media (Facebook, Instagram, etc.) and other types of promotional materials. When photographs are used for publicity purposes, children are never identified by name. All photos used for publicity will be available for the child's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity.

Please sign the permission slip below to indicate your preference for photographs.

I DO / DO NOT (please circle) give Walker W.E.E. Care permission to use photographs of my child taken during class time, playground time, school functions and programs. I also understand that all photos taken will be available for review if I should request to do so.

Child's name _____

Parent Signature

Date _____



Walker W.E.E. Care EXPULSION POLICY

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the children in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation.
- Recommendation of evaluation by local school district child study team.

SCHEDULE OF EXPULSION

- ⇒ If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion.
- ⇒ An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.
- ⇒ The parent/guardian will be informed regarding the length of the expulsion policy.
- ⇒ The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms including the child's immunization records.
- Verbal abuse to staff.

- Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical abuse to staff or other children.
- Unable to toilet train in our three year old and up programs.

A CHILD WILL NOT BE EXPELLED

If child's parents:

- Made a complaint to the Office of Licensing regarding a school's alleged violation of the licensing requirements.
- Reported abuse or neglect occurring at the school.
- Questioned the school regarding policies and procedures.

Walker W.E.E. Care Biting Policy

Biting is, unfortunately, not uncommon for toddlers. Some children and many toddlers communicate through this behavior. However, biting can be harmful to other children and to staff. This biting policy has been developed with both of these ideas in mind. As a childcare provider, we understand that biting, unfortunately, does occur. Our goal is to help identify what is causing the biting and resolve these issues. If the issue cannot be resolved, this policy serves to protect the children that are bitten. If a biting incident occurs, state regulations require that the parent of the child biting and the parent of the child who was bitten be contacted. Names of the children are not shared with either parent.

When Biting Does Occur:

Our staff strongly disapproves of biting. The staff's job is to keep the children safe and help a child that bites learn different, more appropriate behavior. We do not use techniques to alarm, hurt, or frighten children such as biting back or washing a child's mouth out with soap.

For the child that was bitten:

1. The teacher will comfort the child. First aid is given to the bite. Ice will be provided and the area is to be cleaned with soap and water and covered with a bandage if needed.
2. The teacher will immediately notify office staff, at which time parents are notified.
3. An Incident Report will be completed, documenting the incident.
4. Parents may request a conference with the Director to discuss any concerns/questions.

For the child that bit:

1. The teacher will firmly tell the child "NO! DO NOT BITE!" and show the child how he/she hurt their friend.
2. The child will be redirected to another center or area of the room to play. If the child is over the age of three (3), time out will be used with the rule of 1 minute per age. Time out is not developmentally appropriate for children under the age of three (3).
3. The parents are notified.
4. An Incident Report will be completed, documenting the incident. The parent, teacher, and director will sign this report.

When Biting Continues:

1. If personnel are available, the child will be shadowed to help prevent any biting incidents.
2. The child will be observed by the classroom staff to determine what is causing the child to bite (teething, communication, frustration, etc.) The administrative staff may also observe the child if the classroom staff is unable to determine the cause.
3. The child will be given positive attention and approval for positive behavior.
4. The child will be provided a teething ring or other appropriate teething toy.
4. The Director will ensure the teacher has adequate resources and training necessary to keep the children active and engaged in supervised activities.
4. The Director will evaluate the biting log to determine the cause of the biting and make suggestions to the parent and teacher to stop the biting. The Director will provide literature to the parent and determine whether or not the teacher needs additional training. The Director will document all information.
5. The Director will schedule a conference with the parents of the child who is biting to develop a plan for home and the center to stop the biting.

Signature on
back! →

When Biting Becomes Excessive:

1. After all the staff members have tried preventative steps; if the child continues to bite routinely the Director will call the parent to pick up the child for the remainder of the day. Chronic biting may require that a child be suspended from enrollment for a period of time. If a child is suspended, the parent will be informed that the child may return to the center as soon as the biting is abated.
2. If the child returns to the center, continues to bite, and is endangering the other children, the child may be terminated from the program.

By signing this form, you acknowledge and agree to the Biting Policy set forth by Walker W.E.E. Care.

Parent/Guardian Signature

Date

← NO SIGNATURES ON BACK!

★ We MUST have up to date records on file before the start of school! ★

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***

*These requirements were established in accordance with the current Recommended Childhood and Catch-up Immunization Schedules, United States (cdc.gov/vaccines/schedules/hcp/child-adolescent.html). Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

**Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating "Complete for Child Care/ Pre-school" by or before 19 months of age.

***For children starting immunizations at age 7 years or older, refer to the CDC/ACIP catch-up schedule available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

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

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

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	28 Days	28 Days	See Footnote [1]	N/A
[2] PCV	6 weeks	28 Days	28 Days	N/A	N/A
[3] DTP/DTaP (DT)	6 weeks	28 Days	28 Days	See Footnote [2]	N/A
[4] Polio	6 weeks	28 Days	28 Days	6 months	See Footnote [3]
[5] Hepatitis B	birth	28 Days	28 Days	See Footnote [4]	See Footnote [4]
[6] Hepatitis A	12 months	6 months	See Footnote [5]	N/A	N/A
[7] MMR	12 months	28 Days	N/A	N/A	N/A
[8] Varicella	12 months	3 months [8]	N/A	N/A	N/A
[9] Tdap	See Footnote [9]				

Footnotes

- [1] 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 schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.
- [2] The number of doses in the PCV series depends on age at 1st dose. Children who receive 3 doses before 12 months of age require a 4th dose after the 1st birthday. One dose is required after 12 months of age for all children aged 24-59 months with any incomplete schedule. The final dose should be given at least 8 weeks after the previous dose and not before 12 months of age. Consult the Catch Up schedule for additional guidance.
- [3] The minimum interval between the 4th and 5th doses is 6 months; dose 4 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 ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- [4] 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 on or after the 4th birthday. 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.
- [5] The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 and 2 months after dose 2 and not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dose is necessary.
- [6] 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, 6 to 18 months apart, beginning at one year of age. Proof of two doses, at least 6 months apart, is required for Kindergarten entry. Hepatitis A vaccine is not required for entry in older school grades.
- [7] The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but may be given as soon as 28 days after dose 1.
- [8] The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering Kindergarten, and new entrants into a Tennessee school in any other grade. The second dose is recommended 3 or more months after the first dose, routinely at age 4-6 years; in keeping with CDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose.
- [9] A single dose of Tdap is required for 7th grade entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu 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.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Live, attenuated flu vaccine — LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The **live, attenuated influenza vaccine** (called LAIV) may be given to healthy, non-pregnant people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and **does not cause flu**.

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

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.

Tell the provider if you or the person being vaccinated:

- have any allergies, including an allergy to eggs, or have ever had an allergic reaction to an influenza vaccine.
- have ever had Guillain-Barré Syndrome (also called GBS).
- have any long-term heart, breathing, kidney, liver, or nervous system problems.
- have asthma or breathing problems, or are a child who has had wheezing episodes.
- are pregnant.
- are a child or adolescent who is receiving aspirin or aspirin-containing products.
- have a weakened immune system.
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Sometimes LAIV should be delayed. Tell the provider if you or the person being vaccinated:

- are not feeling well. The vaccine could be delayed until you feel better.
- have gotten any other vaccines in the past 4 weeks. *Live* vaccines given too close together might not work as well.
- have taken influenza antiviral medication in the past 48 hours.
- have a very stuffy nose.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get LAIV do not have any problems with it. Reactions to LAIV may resemble a very mild case of flu.

Problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

- runny nose/nasal congestion
- cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain, vomiting, or diarrhea

Adults 18-49 years of age:

- runny nose/nasal congestion
- sore throat
- cough
- chills
- tiredness/weakness
- headache

Problems that could happen after any vaccine:

- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very small chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does 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.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7

How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- 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 website at www.cdc.gov/flu

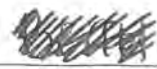
Vaccine Information Statement
Live Attenuated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only





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: _____

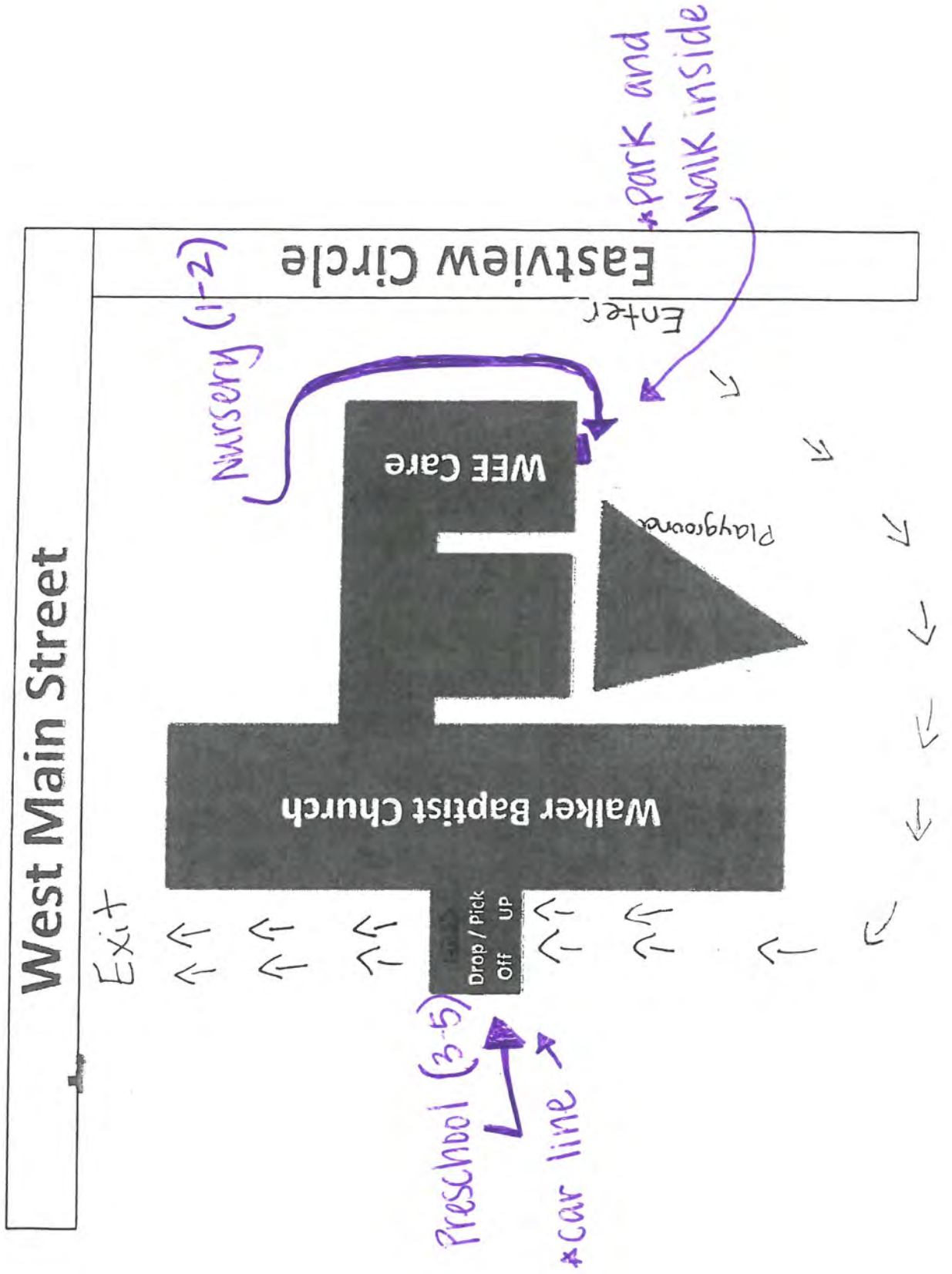
Signature of Parent or Legal Guardian: _____

Date: _____

Signature of Agency Representative: Jaylon Buff

Date: _____

WEE Care Traffic Flow Drop-Off/Pick-Up



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

Ownership, Organization, and Administration

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

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

Supervision

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

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

Ratio Chart - First/Last Hour of Each Day Only

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

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

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

- Ratios can be relaxed during naptime and nighttime care but one (1) adult must be awake and supervising the children in each nap/sleeping area (infant/toddler ratios must be maintained).
- ⁴Supervision During Off-Site Activities
 - A:C ratios for preschool children doubled during off-site activities.
 - A:C ratios for school-age children during off-site activities must equal the number of trained caregivers required in the classroom plus additional adults:

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

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

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

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

Staff

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

Equipment for Children

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

Program

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



Tennessee Lions Outreach
and
Vanderbilt Eye Institute

Screener- Staple
Instrument Printout Here

Consent of Parent/Guardian

The Lions Clubs in your community in conjunction with the Tennessee Lions Eye Center at Vanderbilt Children's Hospital will offer free vision screening to your child. The screening will provide a digital reading of your child's eyes. No physical contact is made with your child and eye drops are not necessary. Results will be returned to the screening site where they will be available to you within a few weeks. ***A child currently under vision treatment should not be screened.***

I, the undersigned, hereby give permission for my child, named below, to participate in the screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.
2. There is no charge to participate in the vision screening process.
3. I understand that I am responsible for arranging a full eye exam if my child has been referred as a result of the vision screening. **I give permission for my doctor to share the evaluation results with Vanderbilt University.**
4. I understand and give my permission to be contacted by Tennessee Lions Outreach follow-up coordinator if my child is referred. ***(Parents/Guardians of referred children are encouraged to inform the follow-up coordinator [see below for number] of professional exam dates or exam results before the follow-up process begins.)***
5. I will not hold either the Lions Club organization or Vanderbilt University accountable for any errors of commission, omission or other misdiagnosis.

Signature of Parent or Guardian

Date

PLEASE PRINT

Child's Name _____ Child's Date of Birth _____ Age _____
 First Middle Last

Address _____ City and Zip: _____

Home Phone: (____) _____ E-Mail: _____

Results

- Pass** We are unable to detect a vision problem at this time. Please realize this screening is not a substitute for a complete exam. Consult your eye care professional if you suspect a vision problem.
- Refer** Your child should be examined because he or she may have a condition that has the potential to cause poor vision in one or both eyes.
- Unreadable** Re-screen in one year, or see eye doctor sooner if you suspect a problem.

If you have any questions about the screening process or wish to inform our coordinator of a referred child's exam date or exam results, please call the Tennessee Lions Outreach Program at (615) 690-8644 ext 221 toll free (800) 741-4089.



Tennessee Department of Human Services
Personal Safety Curriculum Notification

*** AGES 3+ ONLY ***

Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Tennessee Department of Human Services (TDHS) recognized component on the prevention of child abuse.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. TDHS was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by TDHS. This curriculum takes a holistic approach to the safety of children. The curriculum is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (four to five (4-5) year olds), and Safety Around Me. All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private body parts" as specified below.

Child care agencies, please provide an answer for the questions that follow.

1. Identify the personal safety curriculum used by your agency:

"Keeping Kids Safe" is the personal safety curriculum used by our child care agency.

Our agency uses another personal safety curriculum described below:

Method of Instruction:

2. For all personal safety curriculum, please provide the sample anatomical terminology to be used:

Sample Terminology:

"My body is private."

* underneath swim suit = private parts

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians.

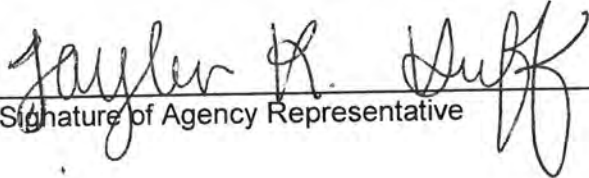
I/We acknowledge that we have been provided an opportunity to review the agency's personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date



Signature of Agency Representative

Date

←-----→
Some child care providers use the "Keeping Kids Safe" personal safety curriculum. The bottom portion of this form lists the web address where you can find this sample curriculum, provided by TDHS. Please take the bottom portion with you so that you can review the curriculum at your leisure.

https://www.tn.gov/content/dam/tn/human-services/documents/keeping_kids_safe_content_updated_wdraft_cover.pdf



Walker W.E.E. Care Substitute Form

We are looking for individuals who are interested in substitute teaching. An education background is useful, but not required. If you are the parent of a child at W.E.E. Care, it is generally better not to work in your child's classroom. Substitute teaching is a great way of getting to know our school as well as the early childhood profession. Many of our staff members began as substitutes.

I WOULD LIKE TO WORK AS A SUBSTITUTE TEACHER!

Name _____ Preferred phone# _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Social Security # _____

Days you are able to work: _____

Ages you are willing to work with: _____ 1's _____ 2's _____ 3's _____ 4's _____ 5's

I am interested in _____ working as a sub on occasion and/or _____ a regular staff position as an inclusion aide should one become available.

Earliest time you can be called in the morning? _____

Do you have a background in education or any experience working with young children? If "yes," please explain:

PLEASE READ AND SIGN "GUIDELINES FOR SUBSTITUTES" ON BACK.

GUIDELINES FOR SUBSTITUTES AT WALKER W.E.E. CARE

1. Arrive a few minutes early to find out your role in the classroom that day.
2. Classroom management and discipline are the responsibility of the teachers. Please alert them to any situation that needs their attention.
3. Communication with parents is the responsibility of the teachers. Please do not share your observations with parents. Instead, please feel free to share your thoughts with the teachers or an administrator.
4. Please follow the lesson plan prepared for the day(s), as well as the schedule. Children thrive on routine and when their teacher is not present we want them to be as comfortable as possible.
4. Confidentiality is of the utmost importance. Any information you learn about a child while working in a classroom must not be shared.
5. Each classroom has a unique personality. Teachers have different but equally valuable approaches that are dictated by the chemistry of the class as a whole. The framework and goals of the curriculum, while set by the preschool's overall philosophy, vary in their implementation class by class. Please do not share comparisons of staff or classrooms with other parents. If you have any thoughts you wish to share, please feel free to talk with an administrator.
6. We consider substitutes to be professionals and hold them to the same standards as our teachers and aides. A copy of expectations for substitutes will be given to anyone who signs up to sub.
7. Substitutes are paid by check every two weeks.

I understand and agree to the above guidelines.

Signature

Date

Print Name