

# **SOUTHWEST CAMPUS CHILD CARE PROGRAMS**

## **TN 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 Parent or Legal Guardian                      Date

## **Medication Policy | Release Policy | Transportation Policy**

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The Agency agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Agency agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care agency to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

## **TN PERSONAL SAFETY CURRICULUM NOTIFICATION FORM**

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 Department-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. The Department of Human Services 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 the Department. 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 (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."

HS-2984

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

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 Parent or Legal Guardian                      Date

## Photo Release Form

Dear Parent or Guardian,

Throughout the year your child's picture may be taken to be used as children's projects and educational reasons, such as newsletter, classroom projects and etc.

Before your child's picture can be taken you must give the center your permission.

Yes, my child's picture can be taken.

**No, my child's picture cannot be taken.**

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

\_\_\_\_\_  
Date

## Checklist of Understanding

Please initial each item after you have read them.

### A. SCHEDULE

- General Hours of Operation 7:00am – 4:30pm(Macon)/5:30pm(Union)
- Attend according to Payment Agreement Hours
- Children must be signed in by 8:30am
- Before and After School Care Programs - 7:00am-7:30a.m. and 2:30-4:30 p.m. (Macon)/ 2:30-5:30pm. (Union)
- You must call if you will be late (drop-off & pick-up)
- Morning Snack is over at 8:30am

### B. PAYMENT PROVISIONS

- Tuition is due on the first day of each week
- No refunds will be made in case of school closures due to holidays or bad weather, or when the child is ill or does not attend.
- A \$30.00 fee will be charged in the event of a check returned due to insufficient funds.

### C. OBLIGATIONS OF PARENTS

- Keep Enrollment Record information current.
- Bring the Child to a teacher each day, sign IN and upon pick-up, sign OUT on the class attendance register.
- Furnish required medical information prior to the Child's commencement in the program and regularly as needed thereafter.
- Outside food is NOT allowed at our center.
- Children 6weeks- 5 years must wear covered shoes.
- Children 6weeks- 3 years may not wear hair beads.
- Your child may return 24 hours after medical shots.
- Your child must be out for 48 hours after a fever.

### D. TERMINATION OF ENROLLMENT

- Payment is late beyond the 10th day of the month.
- Southwest Campus Child Care programs, in its sole discretion, determines it is unable to meet the needs of the Child, or that it is not in the best interest of the Preschool or other children enrolled to have the Child continue in attendance.

## SIDS Sudden Infant Death Syndrome and the childcare provider

Dear Parent:

Providing your infant with a safe environment in which to grow and learn is of extreme importance. To that end, policies and procedures have been implemented by this facility to create a safe sleep environment.

**Southwest Campus Child Care Programs** follows the recommendation of the American Academy of Pediatrics (AAP) and the consumer Product Safety Commission regarding safe sleep environments to reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the "sudden death of an infant under one year of age which remains unexplained after thorough case investigation, including performance of a complete autopsy, examination of the death scene and review of the clinical history."

- All infants will be placed on his/her back in a crib that is safety-approved by the U.S. Consumer Product Safety Commission for sleep, unless a physician and parent request, in writing, an alternate sleep position;
- Infants will not sleep on waterbeds, sofas, soft mattresses, or other soft surfaces;
- Soft materials such as pillows, quilts, comforts, sheepskins, stuffed toys, and loose bedding will not be placed in infants' sleeping environment;
- Infants will not share a crib with other children;
- Infants will remain lightly clothed and comfortable while sleeping;
- Supervised "tummy time" will be observed while infant is awake;
- No smoking will be allowed in infants' environment.

Again, the safety of your infant is paramount.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date