

# Y SCHOOL AGE SERVICES

Clarksville

## What is Fun Company?

YMCA Fun Company's before- and after-school program is a safe place where children:

- ▼ Discover the joy of learning
- ▼ Pursue their creative passions
- ▼ Develop the strong character values, life skills and decision-making abilities needed to achieve their fullest God-given potential in spirit, mind and body at the YMCA Fun Co.?

## What is Fun Company?

Each YMCA Fun Company school site is designed to provide a welcoming atmosphere where learning feels like play and each child's creativity and imagination is set free. It accomplishes this through:

- ▼ Choice-based program: A minimum of three activity choices are offered to children during all program hours, including several creative activities
- ▼ Help with school: Fun Company's theme-based curriculum projects complement and reinforce a child's regular schoolwork; tutoring, homework help and other academic assistance is also offered
- ▼ Quiet time: Regularly scheduled quiet time helps children develop the all-important love of reading
- ▼ Encouraging play: Children are provided with regular time outside to be physically active, spend free time with friends and enjoy staff-led games and activities

### School Age Weekly Fees: (Financial Assistance Available)

Before School.....	\$30
After School.....	\$40
Both.....	\$50

**\*\*\$3 discount for 2nd child\*\***  
\$10 additional fee for 1/2 days  
\$5 additional fee for scheduled early release  
\$25/day or \$90/week for specialty care  
\$18 additional fee for all day care  
Note: Fees are subject to change each school year!

### Participating School Sites

Barkers Mill  
Cumberland Heights  
Moore Magnet\*  
Northeast  
Ringgold  
Rossvie  
West Creek  
Woodlawn  
*\*Indicates after care only*

Each YMCA application must be accompanied by a \$35 per individual or \$55 per family registration fee. This fee is NON-REFUNDABLE.

Child's Name: \_\_\_\_\_ School Location: \_\_\_\_\_

Child's Birthday: \_\_\_/\_\_\_/\_\_\_ Grade in Fall: \_\_\_\_\_ YMCA Facility Members:  Yes  No

Member ID# \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Parent's Name: Mom: \_\_\_\_\_ Work #: \_\_\_\_\_

Dad: \_\_\_\_\_ Work #: \_\_\_\_\_

Please check 5 day program:  Before  After  Both

Start Date: \_\_\_/\_\_\_/\_\_\_

Educational Program:  Regular Education  Special Education\*  
 Inclusion\*  Resource\*

\*You will be contacted to discuss any special assistance your child may require\*

Registration Fee Paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_

My child has permission to participate in the YMCA Fun Company School Age Program:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information, contact Alice McCartney at  
[amccartney@ymcamidtn.org](mailto:amccartney@ymcamidtn.org) or (931) 647-2376.

**YMCA**  
of Middle Tennessee

**Our Mission:** A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping persons grow in spirit, mind and body.



**YMCA of Middle Tennessee  
Fun Company Learning Through Discovery Program  
Child Information Form**

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

ID # \_\_\_\_\_

Start Date \_\_\_/\_\_\_/\_\_\_

**Child's Information** *\*\* please complete 1 form per child*

Name: \_\_\_\_\_ Attending:  Before  
 Date of Birth: \_\_\_\_\_ Gender:  M  F  After  YMCA Facility Member  
 School: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  Before & After  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Name / Address of Fun Co. Site: \_\_\_\_\_  
 Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

**Parent Information**

Mother's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Father's Name: \_\_\_\_\_ DOB \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

If parents are divorced, who is Custodial Parent? \_\_\_\_\_  
*If there are special circumstances involving visitation and pick up rights, you must provide the site Director with legal documentation for these arrangements.*

**Emergency Contact Information**

In case of emergency, after attempting the above phone number(s) please list name of a responsible person who is authorized to act for the parent in an emergency

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other than those listed above, who may pick up your child?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Medical Information**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (required)  
 Physician's Address: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_  
 Health Insurance / Coverage Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Health History**

Does your child have any ALLERGIES or MEDICAL CONDITIONS that should be considered?  Yes  No

If yes, please specify: \_\_\_\_\_

Are there any special instructions from you or the child's doctor as to treatment at the childcare site?  Yes  No

If yes, please list: \_\_\_\_\_

**History of Illnesses (Please check):**

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies or reactions to medicine, DPT, or insects | <input type="checkbox"/> Hemophiliac (free bleeder)                    |
| <input type="checkbox"/> Problems with skin rash                             | <input type="checkbox"/> Frequent headaches                            |
| <input type="checkbox"/> Reaction (bumpy or swollen) to TB Skin test         | <input type="checkbox"/> Head Injury                                   |
| <input type="checkbox"/> Trouble with eyes or sight                          | <input type="checkbox"/> Ever been knocked unconscious                 |
| <input type="checkbox"/> Wears glasses, contacts or protective eye wear      | <input type="checkbox"/> Fainting spells                               |
| <input type="checkbox"/> Speech or Hearing problems                          | <input type="checkbox"/> Ever passed out during or after exercise      |
| <input type="checkbox"/> Urinary tract infections (Bladder or Kidney)        | <input type="checkbox"/> Ever been dizzy during or after exercise      |
| <input type="checkbox"/> Frequent ear infections / tubes in ears             | <input type="checkbox"/> Seizures / convulsions                        |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Asthma / breathing problems                   |
| <input type="checkbox"/> Abdominal (stomach) pain                            | <input type="checkbox"/> Lung disease / shortness of breath            |
| <input type="checkbox"/> Problems with diarrhea / constipation               | <input type="checkbox"/> Heart disease / heart murmur                  |
| <input type="checkbox"/> History of bed wetting                              | <input type="checkbox"/> Frequent colds / upper respiratory infections |
| <input type="checkbox"/> Eating disorder                                     | <input type="checkbox"/> Frequent sore throat                          |

Please provide special instructions concerning any of the above: \_\_\_\_\_

Does your child have any special problems not indicated above? \_\_\_\_\_

**Past Medical History (Please indicate the following):**

- Medical condition / diagnosis: \_\_\_\_\_
- Chronic illness: \_\_\_\_\_
- History of serious injury or hospitalizations: \_\_\_\_\_
- Special dietary needs: \_\_\_\_\_
- Physical restrictions: \_\_\_\_\_
- When did your child last see a doctor? \_\_\_\_\_ (please list month / year)
- Immunization records are on file at \_\_\_\_\_ School and are up to date.

**Allergies & Medications**

- Medications \_\_\_\_\_
- Food \_\_\_\_\_
- Respiratory \_\_\_\_\_
- Bee Sting \_\_\_\_\_
- Other \_\_\_\_\_

*Please list ALL medications taken routinely. Use back if necessary.*

- Med. #1 \_\_\_\_\_ Taken for \_\_\_\_\_
- Med. #2 \_\_\_\_\_ Taken for \_\_\_\_\_
- Med. #3 \_\_\_\_\_ Taken for \_\_\_\_\_
- Med. #4 \_\_\_\_\_ Taken for \_\_\_\_\_

Statement of Understanding and Permission Statements

Please initial in designated spaces:

- \_\_\_\_ 1. My child has permission to participate in all YMCA activities, including field trips and transportation services where applicable. I will be notified of all field trips in writing in advance.
- \_\_\_\_ 2. I grant permission for photographs / videos, which include my child to be used in media releases and benefit the center to be taken.
- \_\_\_\_ 3. I understand the YMCA provides liability insurance on all its programs. The YMCA provides the required DHS medical insurance coverage. This requirement does not imply or admit guilt or liability of the YMCA.
- \_\_\_\_ 4. In the event of an emergency, I hereby give permission to the YMCA staff to secure the proper medical treatment for my child. *In the event that I cannot be reached*, I hereby give permission to the physician selected by the YMCA to order x-rays, routine tests and treatment for the health of my child. I give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child after all emergency contact attempts have been made.
- \_\_\_\_ 5. I understand that the trial period for all enrollees is two weeks at the beginning of each program session (YMCA Fun Company and Summer Odyssey).
- \_\_\_\_ 6. I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Site Director or Program Director. The discipline procedures that will be followed are:
1. Verbal warning
  2. Redirection
  3. Site Directors notified / meeting with child and caregiver
  4. Parents notified
- Suspension from our program from one day to five days can occur if the following inappropriate behavior is used:
1. Harming another child or staff person
  2. Stealing
  3. Damaging or destroying property
  4. Using foul language
  5. Being totally disruptive and uncontrollable in the group
- \_\_\_\_ 7. I understand that weekly fees must be paid on Friday in advance for the following week. A late fee of \$5.00 will be assessed if payment is made after Friday.
- \_\_\_\_ 8. I have completed a pre-placement visit to the site on \_\_\_\_\_.
- \_\_\_\_ 9. I understand my child or I may be asked to complete survey information regarding the program / classes for evaluation purposes and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records, and standardized test scores for evaluation purposes.

The completion of the child information form officially enrolls my child in the YMCA Fun Company School Age Program. It is my responsibility to update the information contained in this form as needed. I have received and read the YMCA Fun Company Parent Manual and the Department of Human Services Regulations for Child Care Centers.

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



# Authorization for Electronic Payments

(Childcare and Preschool Only)

Day of Withdrawal:  1<sup>st</sup>  15<sup>th</sup> of each month  weekly (Mondays)

Center \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name	Person ID	Child's Name	Person ID
Home Address	Apt. #	City	State Zip

**For Bank Draft (Please attach a voided check.)**

Add New Account      Bank Name: \_\_\_\_\_      City, State: \_\_\_\_\_      Type of Account: \_\_\_\_\_

Change Account

Account Number: \_\_\_\_\_      Bank Transit/Routing Number: \_\_\_\_\_       Checking       Savings

**For Credit Card Payments (Cannot deduct from debit-only cards)**

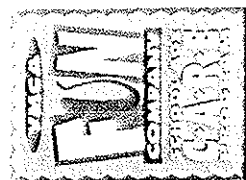
Add New Account      Credit Card Type: \_\_\_\_\_      Account Number: \_\_\_\_\_      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Change Account

- I understand that authorization is to remain in full force, and if I wish to terminate or change my draft in any way, I must give the **YMCA a 30 day written notice.**
- Should any draft not be honored by my bank or credit card company for any reason, I realize that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank my charge.

I hereby authorize the YMCA of Middle Tennessee to initiate monthly credit or debit entries to my account indicated above.

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



YMCA  
of Middle Tennessee

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping persons grow in spirit, mind and body.



Dear Parents,

Due to an increased demand, Clarksville Fun Company will now be using automated phone and email message system to alert members of any changes. Please provide a phone number and email address with which you would most like to be contacted.

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

Fun Company Site: \_\_\_\_\_

Parent(s) Name(s):

Telephone Number(s):

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

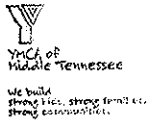
\_\_\_\_\_  
\_\_\_\_\_

Email address(es):

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

When a change in the Fun Company schedule occurs, a phone call and email will be placed to each number and email address listed. Please keep your Site Directors up to date with your most current phone number and email address, to better serve you.

If you have any questions, please contact the Site Director at your child's school or Alice McCartney at [amccartney@ymcamidtn.org](mailto:amccartney@ymcamidtn.org).



YMCA of Nashville and Middle Tennessee
Request for Financial Assistance



Site Attending: \_\_\_\_\_ Service: Before \_\_\_ After \_\_\_ Both \_\_\_
Fun Co. Participant(s):
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Please provide proof of income in the form of most recent tax return or two most recent pay check stubs. APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.

PERSONAL INFORMATION:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_
Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Cell Phone \_\_\_\_\_
City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_
# of Dependents \_\_\_\_\_

List names and ages of all persons in the household. Your household includes dependents you claim on your federal income tax return. (List additional names on back)

- 1. \_\_\_\_\_ Age \_\_\_\_\_ 2. \_\_\_\_\_ Age \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_ 4. \_\_\_\_\_ Age \_\_\_\_\_
5. \_\_\_\_\_ Age \_\_\_\_\_ 6. \_\_\_\_\_ Age \_\_\_\_\_

EMPLOYMENT INFORMATION

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Position \_\_\_\_\_
Length of Employment \_\_\_\_\_ Work Hours \_\_\_\_\_ Part-time \_\_\_ Full-time \_\_\_
Income BEFORE taxes \$ \_\_\_\_\_ Per: \_\_\_ Week \_\_\_ 2 Week \_\_\_ Month

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Position \_\_\_\_\_
Length of Employment \_\_\_\_\_ Work Hours \_\_\_\_\_ Part-time \_\_\_ Full-time \_\_\_
Income BEFORE taxes \$ \_\_\_\_\_ Per: \_\_\_ Week \_\_\_ 2 Week \_\_\_ Month
INCOME MUST BE INCLUDED FOR ALL ADULTS LIVING IN HOUSEHOLD!

INCOME/EXPENSE INFORMATION:

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_
Do you receive: \_\_\_ Child Support; \_\_\_ Welfare; \_\_\_ Food Stamps; Amount \$ \_\_\_\_\_ Per \_\_\_\_\_
\$ \_\_\_\_\_ Rent/Mortgage \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Other Expenses (tuition, loans, etc)
\$ \_\_\_\_\_ Auto Loan(s) \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Total Monthly Income
\$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_ Total Monthly Expenses

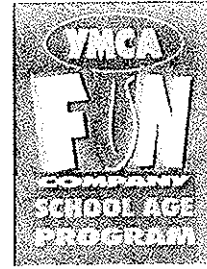
If you have special circumstances that you would like us to consider when determining assistance, check the box below and provide that information on a separate sheet.

Yes, please review additional information (attached)

All information provided is accurate and complete. I understand that my participation in this program is dependent upon the YMCA's ability to fund a portion of the fees and that I must re-apply annually. All fees are subject to change.

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

% Awarded \_\_\_\_\_ Effective Date \_\_\_\_\_
\$ \_\_\_\_\_ Parent Fee \_\_\_\_\_ Initial \_\_\_\_\_



Due to Federal Regulations regarding PCI Compliance, the YMCA is no longer able to accept credit or debit cards as a draft option for child care. For your convenience, however, we do accept online payments. If you wish to be set up to pay online, please provide the following information.

Parent's Email Address: \_\_\_\_\_

Parent's Date Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Log onto [www.ymcamidtn.org](http://www.ymcamidtn.org).

Scroll to the bottom of the page and click on **Fun Company & Preschool: Pay Online**.

If you are a first time user click on Create a New User

Enter the Date of Birth and Email address provided above. Click Search.

Verify that the person being displayed is correct and then follow the remaining instructions. An email will be sent to you at the email address provided, which you will need to open and click on the link provided. This validates your account. You will then be prompted to set up a password.

This is a secured site. Please retain receipts of any payments made online for your records.

Weekly fees are added to your child's account on Sunday. Payment is due on Friday for the following week's care. A \$5 late fee will be assessed if payment is not received by Tuesday for the current week's care.

If you have problems with online payments, please contact the site director at your child's school or email Mary Alice Yates [mayates@ymcamidtn.org](mailto:mayates@ymcamidtn.org).

# 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., dependant 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

# the flu



## A Guide for Parents

### What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs that is caused by influenza virus. The flu can spread from person to person. Most people with flu are sick for about a week, but then feel better. However, some people (especially young children, pregnant women, older people, and people with chronic health problems) can get very sick and some can die.

### What are the symptoms of the flu?

Most people with the flu feel tired and have fever (usually high), headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Cough can last two or more weeks.

### How does the flu spread?

People that have the flu usually cough, sneeze, and have a runny nose. This makes droplets with virus in them. Other people can get the flu by breathing in these droplets or getting them in their nose or mouth.

### How long can a sick person spread the flu to others?

Most healthy adults may be able to spread the flu from 1 day **before** getting sick to up to 5 days after getting sick. This can be longer in children and in people who don't fight disease as well (people with weakened immune systems).

### How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. CDC recommends that all children from the ages of 6 months up to their 19<sup>th</sup> birthday get a flu vaccine every fall or winter (children getting a vaccine for the first time need two doses).

- Flu shots can be given to children 6 months and older.
- A nasal-spray vaccine can be given to healthy children 2 years and older (children under 5 years old who have had wheezing in the past year or any child with chronic health problems should get the flu shot).

You can protect your child by getting a flu vaccine for yourself too. Also encourage your child's close contacts to get a flu vaccine. This is very important if your child is younger than 5 or has a chronic health problem like asthma (breathing disease) or diabetes (high blood sugar levels).

### Is there medicine to treat the flu?

There are antiviral drugs for children 1 year and older that can make your child feel better, be less contagious, and get better sooner. But these drugs need to be approved by a doctor. They should be started during the first 2 days that your child is sick for them to work. Your doctor can discuss with you if these drugs are right for your child.

# What Can YOU Do?

**How else can I protect my child against flu?**

1. Take time to get a flu vaccine and get your child vaccinated too.
2. Take everyday steps to prevent the spread of germs. This includes:
  - Clean *your* hands often and cover your coughs and sneezes
  - Tell your child to:
    - Stay away from people who are sick
    - Clean hands often
    - Keep hands away from face
    - Cover coughs and sneezes to protect others (it's best to use a tissue. Then, throw it away).

**What should I use for hand cleaning?**

Washing hands with soap and water (for as long as it takes to sing the *Happy Birthday* song twice) will help protect your child from germs. When soap and water are not available, wipes or gels with alcohol in them can be used (the gels should be rubbed into your hands until they are dry).

**What can I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. If your child is older than 2 years, you can buy medicine (over-the-counter) without a prescription that might make your child feel better. Be careful with these medicines and follow the instructions on the package. **But never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.**

**What if my child seems very sick?**

- Call or take your child to a doctor right away if your child:
- has a high fever or fever that lasts a long time
  - has trouble breathing or breathes fast
  - has skin that looks blue
  - is not drinking enough
  - seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
  - gets better but then worse again
  - has other conditions (like heart or lung disease, diabetes) that get worse

**Can my child go to school if he or she is sick?**

No. Your child should stay home to rest and to avoid giving the flu to other children.

**Should my child go to school if other children are sick?**

It is not unusual for some children in school to get sick during the winter months. If many children get sick, it is up to you to decide whether to send your child to school. You might want to check with your doctor, especially if your child has other health problems.

**When can my child go back to school after having the flu?**

Keep your child home from school until his or her temperature has been normal for 24 hours. Remind your child to cover their mouth when coughing or sneezing, to protect others (you may want to send some tissue and wipes or gels with alcohol in them to school with your child).



STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES  
CITIZENS PLAZA BUILDING  
400 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165  
TTY: 1-800-270-1349  
[www.state.tn.us/humanserv/](http://www.state.tn.us/humanserv/)

PHIL BREDESEN  
GOVERNOR

VIRGINIA T. LODGE  
COMMISSIONER

### Influenza Information Notification Form

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

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

_____ Signature of Parent or Legal Guardian	_____ Date
_____ Signature of Parent or Legal Guardian	_____ Date
_____ Signature of Agency Representative	_____ Date

**YMCA Fun Company**  
**2011-2012 Calendar of Fees – Montgomery County**

**Registration Fees:** \$35.00 for Individual \$55.00 for Family

**Weekly Fees:**

Before School: \$30.00  
 After School: \$40.00  
 Before & After School: \$50.00  
 3 Day Rate \$38.00\*\*

\*\* 3 Day Rate- ONLY available at sites with AM & PM care. Space is limited- SEE PAGE 2 FOR DETAILS

<b>Dates</b>	<b>Fees</b>	<b>Schedule Notes</b>
<b>August 5, 2011</b>	<b>Reduction of Weekly Fees</b> for ½ day: AM only: \$8.00 PM only: \$10.00 Both: \$14.00	First day of school- Aug. 6 <sup>th</sup> For 1 <sup>st</sup> -5 <sup>th</sup> graders only!
<b>August 8, 2011</b>	Regular Weekly Fees apply <b>Additional Fee:</b> <b>\$18.00/child/day for attendance on 8<sup>th</sup></b>	NO School (All day care will be provided at the YMCA 7am-6pm)
<b>Sept. 5, 2011</b>	Regular weekly fees apply <b>Fun Co. CLOSED on the 5th</b>	Labor Day Holiday
<b>Sept. 16, 2011</b>	Regular weekly fees apply <b>Additional Fee:</b> <b>\$5.00/child on the 16th</b>	Early Release Day (Students Release 2 hours early)
<b>Oct. 10-14, 2011</b>	\$90.00/child/week or \$25.00/child/day <b>Pre-registration is REQUIRED!</b>	Fall Break
<b>Nov. 11, 2011</b>	Regular weekly fees apply <b>Fun Co. CLOSED on the 11th</b>	Veterans Day Holiday
<b>Nov. 14, 2011</b>	Regular Weekly Fees apply: <b>Additional Fee:</b> <b>\$18.00/child/day for attendance on 14<sup>th</sup></b>	NO School (All day care will be provided at the YMCA 7am-6pm)
<b>Nov.23-25, 2011</b>	<b>Reduction of Weekly Fees</b> for 2-day week: AM only: \$14.00 PM only: \$18.00 Both: \$22.00 <b>Additional Fee:</b> <b>\$18.00/child/day for attendance on 23<sup>rd</sup></b> <b>Fun Co. CLOSED on 24<sup>th</sup> &amp; 25<sup>th</sup></b>	Thanksgiving Holiday (All day care will be provided at the YMCA 7am-6pm Nov.23 <sup>rd</sup> )
<b>Dec. 20, 2011</b>	<b>Reduction of Weekly Fees</b> for 2-day week: AM only: \$14 PM only: \$18 Both: \$22 <b>Additional Fee for ½ day:</b> <b>\$10.00/child</b>	Early dismissal on 20 <sup>th</sup> Winter Break Begins
<b>Dec. 21-23, 2011</b>	<b>\$18.00/child/day for attendance the 21<sup>st</sup>-23<sup>rd</sup></b> <b>*Pre-registration is REQUIRED!</b>	Winter Break (All day care will be provided at the YMCA 7am-6pm)
<b>Dec. 26-30, 2011</b>	<b>\$90.00/child/week or \$25.00/child/day</b> <b>*Pre-registration is REQUIRED!</b>	Winter Break (All day care will be provided at the YMCA 7am-6pm)
<b>Jan. 2-4, 2012</b>	<b>Reduction of Weekly Fees</b> for 2-day week: AM only: \$14 PM only: \$18 Both: \$22	Winter Break continued. Students resume classes on the 5 <sup>th</sup> (All day care will be

**YMCA Fun Company  
2011-2012 Calendar of Fees – Montgomery County**

<b>Dates</b>	<b>Fees</b>	<b>Schedule Notes</b>
	<b>Additional Fee: \$18.00/child/day for attendance on 3<sup>rd</sup> &amp; 4<sup>th</sup></b>	provided at the YMCA 7am-6pm for Jan 2 <sup>nd</sup> & 3 <sup>rd</sup> )
<b>Jan. 16, 2012</b>	Regular Weekly Fees apply: <b>\$18.00/child/day for attendance on 16<sup>th</sup></b>	M.L. King Day – Holiday/In-service Day (All day care will be provided at the YMCA 7am-6pm)
<b>Feb. 3, 2012</b>	Regular Weekly Fees apply: <b>Additional Fee: \$5.00/child</b>	Early Release Day (Students released 2 hours early)
<b>Feb. 7, 2012</b>	Regular Weekly Fees apply: <b>\$18.00/child/day for attendance on 16<sup>th</sup></b>	No School (All day care will be provided at the YMCA 7am-6pm)
<b>Feb. 20, 2012</b>	Regular Weekly Fees apply: <b>\$18.00/child/day for attendance on 20<sup>th</sup></b>	Presidents' Day – Holiday/In-service Day (All day care will be provided at the YMCA 7am-6pm)
<b>March 2, 2012</b>	Regular Weekly Fees apply <b>Additional Fee: \$5.00/child</b>	Early Release Day (Students released 2 hours early)
<b>March 26-30, 2012</b>	\$90.00/child/week or \$25.00/child/day <b>Pre-registration is REQUIRED!</b>	Spring Break Vacation (All day care will be provided at the YMCA 7am-6pm)
<b>April 6, 2012</b>	Regular weekly fees apply <b>** Fun Co. CLOSED on the 6<sup>th</sup></b>	Good Friday Holiday
<b>May 21-22, 2012</b>	<b>Reduction of Weekly Fees</b> for 2-day week: AM only: \$14.00 PM only: \$18.00 Both: \$22.00  <b>Additional Fee for 1/2 day: \$10.00/child</b>  <b>** Fun Co. CLOSED on the 23<sup>rd</sup>, 24<sup>th</sup> &amp; 25<sup>th</sup></b>	Last day of School – 22 <sup>nd</sup> (1/2 day)

**Scheduled All Day Outs:**

During scheduled school out days/week long breaks – you must pre-register and pre-pay to attend. There are no refunds for non-attendance of any or all days. All scheduled days out will be held at the YMCA.

**Inclement Weather Days:**

These days are \$18.00 per child per day and payments are due upon arrival that morning to the site director in charge. Inclement weather forms must be completed upon arrival as well for emergencies. All inclement weather days will be held at the YMCA.

If there is any type of delay to the school schedule caused by weather, Fun Company will also follow that delay. Ex. There is a 2 hour delay of school, which means a Fun Company program that opens normally at 7am, will now open at 9am and run until the start of the school day

**YMCA Fun Company**  
**2011-2012 Calendar of Fees – Montgomery County**

**Vacation/Sick Credit:**

Every child is entitled to 2 weeks of vacation/sick credit.

**For Vacation Credit** – a written request must be submitted in writing to the Site Director two-weeks prior to the desired vacation time.

**For Sick Credit** – a written notice is to be submitted immediately upon return to school/site program. Child must be absent from school and the site program for an entire week in order to receive the sick credit on their account.

**Withdrawal From the Program:** A 2-week written notice of withdrawal is ***required*** when a parent wishes to withdraw their child from the program. Parents are responsible for fees during that two-week period. Written notices are to be submitted directly to the site director at that school.

**Need Part-Time Care??**

We are excited to continue to offer a 3-day childcare rate option to the sites that offer morning and afternoon care in our county. The “3-Day Rate” option will be limited to the following number of slots per site and will be awarded based on first come-first serve.

Rossvie Elementary – 5 slots

Cumberland Heights – 5 slots

West Creek Elementary – 5 slots

Woodlawn Elementary – 5 slots

Ringgold Elementary – 5 slots

Northeast Elementary – 5 slots

Barkers Mill Elementary – 5 slots

The following guidelines will apply to all who select the “3-Day Rate” option:

- Once the 3 days have been selected – they **CANNOT** be changed w/o 2 weeks written notice.
- The 3 days option will apply only to the morning and afternoon care programs listed above.
- ***Financial Assistance will not be available towards this option.***
- ***All pro-rated rates noted on page 1 & 2 DO NOT apply to this option.***