

Robertson County Schools



A PARENT'S GUIDE to PRE-KINDERGARTEN 2026-2027

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The Robertson County School System does not discriminate on the basis of race, color, national origin, sex, disability, age, religion or marital status, in training, activities or employment practices in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Acts of 1997 and 2004.

WELCOME TO PRE-KINDERGARTEN

Dear Parents/Guardians,

Welcome to Pre-Kindergarten! Your child's first year in school is an important one. Pre-Kindergarten should be a happy transition between home and school. A new world is opening where there are new friends, new experiences, challenges, and the delightful sense of growing up with other children.

Pre-Kindergarten gives your child a chance to become ready for the school experience. The program aims to help your child feel good about himself/herself, to learn how to live and get along with others, and to learn and grow at his or her own rate in a relaxed environment where there is a professional staff that cares.

More detailed information concerning the Pre-Kindergarten program can be gained through attendance at Pre-Kindergarten Open House or through a personal conference with your child's teacher. Open lines of communication between home and school are necessary to provide a good educational program for your child. Your personal involvement in your child's education is one of the most important contributions you can make.

Please feel free to call with any questions.

Sincerely,
Angel Williams
Supervisor of Elementary Education
(615) 384-5588

Jackie Bilyeu
Voluntary Pre-K Coordinator
(615) 382-2302

IMPORTANT NAMES AND NUMBERS

School Hours: _____

Teacher: _____

Assistant: _____

Bus Driver: _____

Bus Monitor: _____

Bransford Early Learning School 322 Bransford Drive Springfield, TN 37172 Phone: (615) 384-4313; Fax: (615) 382-3213	Jill Reeves, Principal Jackie Bilyeu, VPK Coordinator
Coopertown Elementary School 3746 Highway 49 West Springfield, TN 37172 Phone: (615) 384-7642; Fax: (615) 384-1176	Tiffany Hyde, Principal Kristie Vertrees, Assistant Principal
East Robertson Elementary School 5177 East Robertson Road Cross Plains, TN 37049 Phone: (615) 654-3874; Fax: (615) 654-4029	Amy Shapton, Principal Kecia Young, Assistant Principal
Greenbrier Elementary School 2658 Highway 41 South Greenbrier, TN 37073 Phone: (615) 643-4529; Fax: (615) 643-0238	Brooke Callis, Principal Jennifer Connor, Assistant Principal
Jo Byrns Elementary School 6399 Hwy. 41 North Cedar Hill, TN 37032 Phone: (615) 696-0533; Fax: (615) 696-0795	Megan Keyes, Principal Alisa Holmes, Assistant Principal
Krisle Elementary School 6712 Hwy 49 East Springfield, TN 37172 Phone: (615) 384-2596; Fax: (615) 384-9022	Amanda Miglore, Principal Dr. Emilee Cain, Assistant Principal
Robert F. Woodall Elementary 300 Eden Way White House, TN 37188 Phone: (615) 672-7772; Fax: (615) 672-7276	Dinah Maupin, Principal Patricia Appleby, Assistant Principal

Robertson County Schools

Approved Revision 2026-27 Calendar

Revised 12/8/2025

JULY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST 19 DAYS						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER 21 DAYS						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

OCTOBER 17 DAYS Q1: 47 DAYS						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER 16 DAYS						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

DECEMBER 14 DAYS Q2: 40 DAYS S1: 87 DAYS						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

3: Independence Day
Observance

3: Admin Day
(6 hours)
- No Students
4: 1/2 Student Day
(full day for teachers)
6: PD Day (6 hours)
- No Students

4: Q1 Prog Reports
7: Labor Day
- Schools Closed

12-16: Fall Break
- Schools Closed
23: Q1 Report Cards

2: Parent-Teacher
Conferences
3: PD Day (3 hours)
- No Students
20: Q2 Prog Reports
25-27: Thanksgiving
- Schools Closed

18: 1/2 Day for
students and staff
21-31: Winter Break
- Schools Closed

JANUARY 17 DAYS						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

FEBRUARY 19 DAYS						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MARCH 15 DAYS Q3: 44 DAYS						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL 22 DAYS						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

MAY 15 DAYS Q4: 44 DAYS S2: 88 DAYS Y1: 175 + 5 SP=180 DAYS						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

1: Winter Break
- Schools Closed
4: PD Day (3 hours)
- No Students
5: Admin Day
(6 hours)
- No Students
8: Q2 Report Cards
18: MLK, Jr. Day
- Schools Closed

5: Q3 Prog Reports
15: Presidents' Day
- Schools Closed

1: Parent-Teacher
Conferences
2: PD Day (3 hours)
- No Students
15-19: Spring Break
- Schools Closed
25: Q3 Report Cards
26: Good Friday
- Schools Closed

23: Q4 Prog Reports

21: Report Card Day
- 1/2 Day for
students & staff
31: Memorial Day

18 - Juneteenth
Observance

Q1: Admin Days Q2: Professional Development Days Q3: System Holiday Q4: Progress Reports/Report Cards
*Includes 15 hours of PD *uses 5 stockpiled days; 8 days remain
Abbreviated Days (1/2 Days)

PHILOSOPHY AND GOALS

Pre-Kindergarten Philosophy

Robertson County Schools strive to develop students to their fullest potential and to create in them the desire to make the most of themselves. In many cases, Pre-Kindergarten is the child's first experience with separation from the family. Parents and teachers can make this transition a positive experience when working together. The purpose of the Pre-Kindergarten program is to provide a learning environment and a variety of age-appropriate experiences that will help children develop socially, intellectually, physically, and emotionally. This environment will foster self-confidence, spontaneity, curiosity, and self-discipline within the development of overall social and emotional well-being. These experiences and activities will encourage and support the parents as the principle influence in the child's education and development.

Pre-Kindergarten Goals

- The student will develop self-esteem.
- The student will exhibit a positive attitude toward life.
- The student will demonstrate cooperative, pro-social behavior.
- The student will acquire learning and problem-solving skills.
- The student will expand logical thinking skills.
- The student will acquire concepts and information leading to a fuller understanding of the immediate world.
- The student will demonstrate skills in make-believe play.
- The student will expand verbal communication readiness skills.
- The student will develop early literacy and math skills.
- The student will enhance gross motor skills.
- The student will enhance fine motor skills.
- The student will use all senses in learning.

HELPFUL HINTS

It will be helpful if your child knows...

- His/her first and last name.
- How to carry out simple directions.
- How to attend to toilet needs without assistance or self-consciousness.
- How to wash hands using soap and water.
- How to put away playthings and materials after using them.
- How to use a tissue when coughing, sneezing, or blowing nose.
- How to take off and put on outer clothing, mittens, and boots without assistance.

Problems are less likely to arise...

- If your child arrives at school on time and is picked up on time.
- If all outer clothing, boots, mittens, hats and other personal articles are clearly marked with the child's name.
- If the teacher is notified in writing of any change in the child's customary transportation.
- If, when you give your child money, it is placed in a **sealed envelope** with the child's name, teacher's name, and purpose for the money clearly marked.
- If you keep your child at home when he or she shows symptoms of illness.
- If you contact the teacher with any concerns or questions.

Some hints for a successful experience are...

- A well-rested child is able to play, cooperate and learn.
- A well-nourished child is able to play, cooperate and learn.
- Be positive with your child as he/she leaves for school. Tell him/her to "Have a good day."
- Ask your child about his/her day.
- Get involved with your child's teacher and classroom.

POSITIVE GUIDANCE

Children learn best through experiences. Parents and staff must lovingly guide and redirect children. This helps children learn to cooperate and have positive experiences. Here are some ways teachers help guide behaviors in the classroom that are also beneficial to use at home:

1. **FOCUS ON THE POSITIVE** - Look for specific positive behaviors and comment on them. Notice when children share or clean up after themselves. Express your appreciation; "Thank you for putting the truck on the table."
2. **MAKE RULES CLEAR** - A few clear, consistently applied rules lend order and security to a child's environment. Simple rules also help youngsters learn self-discipline. Frequently remind children of rules: "Blocks are not for throwing. They are for building." With time, children will remember the rules and use them to guide their own behavior.
3. **HELP THE CHILD EXPRESS FEELINGS** - When you see that a child seems sad or frustrated, say "Are you feeling sad?" or "Are you mad because you don't want to stop playing?" Children are more likely to cooperate when you recognize their feelings and when you help them express their feelings in words. This also helps children understand their feelings instead of being frightened and controlled by them.
4. **REDIRECT THE CHILD'S ATTENTION** - When a child's behavior is problematic, try redirecting him/her. "Susan, Tommy doesn't like it when you paint his shirt. If you want to paint, use this paper." or "Jennifer is not finished playing with that truck. Here's another truck you can use." Redirection works best when you accommodate the child's basic motive or interest.
5. **ENCOURAGE PROBLEM SOLVING** - Help children solve problems. Encourage them to find their own solutions. "Rodney is riding the tricycle now. What else can you do?" Respect a child's ability to help solve his own problems. Your confidence in him/her may stimulate solutions that didn't even cross your mind.
6. **IGNORE INAPPROPRIATE BEHAVIOR** - If a child's misbehavior is not harming the child or others, it may be best to ignore it. Often children misbehave as a way of getting attention. After the troublesome behavior stops, try to find out why the child is seeking attention. Help the child receive attention in more positive ways.
7. **USE "CALM DOWN TIME"** - When a child becomes so disruptive or upset that he loses control of himself, your immediate goal is to help him regain control. Do not threaten or humiliate him. Calmly redirect and, if possible, comfort him until he has a chance to cool down. You may need to take him aside. Show respect for the child and his feelings. Let the child decide when he has calmed down enough to rejoin the group.

Taken from Child Guidance Strategies by Donna Quick, University of Kentucky

If disruptive behavior continues after these strategies have been used, parents will be contacted.

A TYPICAL DAY

When the children arrive at school, they participate in Opening Exercises which may include: taking attendance, saluting the flag, discussing the daily schedule and weather, sharing experiences, learning a new song or poem, or listening to a story.

Breakfast, lunch and a snack will take place as outlined by state guidelines. Children participate in the preparation, distribution and clean-up of snack time. Social graces and proper table conversation are taught and encouraged. Children should sit down when eating and drinking to optimize safety and cleanliness practices.

Each day, a designated time is set aside for Readiness Activities. These include language development, listening skills, reading and math readiness, and gross and fine motor skills.

Learning Centers (such as books, art, blocks, dramatic play, sensory table, and manipulative toys) provide children with the opportunity to choose an activity in an area of interest to them. Unstructured play activities may involve puzzles, building blocks, housekeeping, easel painting, and sensory experiences. Outdoor recess promotes large muscle development. Experiences include exercises, organized games, races, rhythms, free play or use of playground equipment. Our play activities encourage independence and self-satisfaction.

Throughout the day, the teacher offers children guidance toward social, emotional, physical and intellectual development. The teacher helps the children to solve everyday problems and to form lasting habits that will be beneficial in the years ahead.

THE POWER OF PLAY

Years of research on children's learning and development document the many benefits of play for children's intellectual, social, emotional, physical, and language development. Children play in many ways. They play independently, sometimes near each other but with each child engrossed in his own activity. They engage in what is called "parallel play," using each other's toys or even talking, but not coordinating their play. They also play cooperatively, organizing roles and scenarios for group play. As they get older, children are capable of more cooperative, coordinated play. All kinds of play are valuable.

As children play with each other, they learn to see other children's points of view and begin to become more empathetic and caring. They come to understand customs and rules in their own culture and to appreciate those of others. And in play, children develop their muscles and coordination.

Adults support children's play by providing space, opportunity, and materials. We set up areas where children can play without fear of damaging furniture or injuring themselves. We make sure they have the time to choose and to become engaged in their own play activities. When we provide them with simple, interesting materials, children engage and learn.

Play is fun. But it also is a serious business that pays big dividends to its eager, young investors.

Children learn through many play experiences.

Through these activities:	Children develop:
Art	Creativity and small muscle control
Block Play	Large and small muscle control, creativity, and language
Reading/Looking at Books	Language and literacy skills
Pretend Play	Language, social skills, and small muscle control
Puzzles and Games	Small muscle control, eye-hand coordination, counting, matching, and sorting
Music	Creativity, language, and large muscle control
Sand and Water Play	Small muscle control, math concepts, science concepts and creativity
Science	Observation skills, math, and science concepts

PARENT INVOLVEMENT

As a parent, you are part of the Pre-Kindergarten team. You influence your child's education more than any teacher in the school. Your involvement can boost your child's achievement.

By taking an active role in the Pre-Kindergarten Program, you will show your child:

- how important he/she is to you;
- how important education is to you;
- and that you and the school are a team, working to help children succeed.

You know your child best. It is up to you to:

- share information about your child's interests and abilities with the school staff;
- judge whether the Pre-Kindergarten Program is meeting your child's needs;
- speak up if you notice any problems. (Please do not criticize the school, the teacher, or the principal in front of your child.)

Your Pre-Kindergarten Program needs you to help:

- by participating in the process of communication and cooperation between parents and school;
- by working with your child at home – and in school, as a volunteer;
- by participating in activities throughout the school year.

VOLUNTEERS

Parents are always welcome to volunteer as needs arise. If you are interested in volunteering, please reach out to your child's teacher or school administrator to learn about helpful ways to volunteer. Your child's teacher can provide training if needed. To maintain a safe and productive volunteer experience, please be aware of the following guidelines:

1. Never release a child to any adult. The teacher is responsible for documenting who a child leaves the classroom with.
2. No child may leave the classroom without an adult supervising him/her.
3. If a child misbehaves (even your own), let the teacher handle the problem.
4. It is normal for your child (and sometimes other children) to cling to you. Let your child be with you as you participate in the class activities. Do not push him/her away. Gradually he/she will become used to your presence in the room and will feel comfortable moving away from you. The more often you volunteer at your child's school, the sooner your child will stop clinging.
5. Never use physical punishment, even on your own child. This includes slapping, shaking, pushing, pinching, squeezing, spanking, screaming, hitting, or thumping on the head.
6. No one may smoke, chew gum, or bring food/drink on the bus or in school. An exception is bringing pre-packaged allergen-free treats for the whole class on special occasions such as a birthday or holiday party. We are trying to teach good nutrition; so please check with the teacher about class treats and allergies beforehand.
7. Be a good role model. Children imitate the behavior of adults.
8. Be involved with the children. This is not a time to visit with adult friends or to have a conference with the teacher.
9. Remember to fill out a volunteer sheet every time you participate in school activities or do some work at home.
10. Any volunteer who appears to be under the influence of alcohol or drugs will be asked to leave the school.
11. Volunteers should maintain a clean and neat appearance.
12. Voices should remain low and calm when talking to children.
13. Hands should be washed, and gloves worn before helping prepare food.

PARENT INFORMATION

Answers to questions and information not found in this handbook may be obtained from the Tennessee Department of Education by calling 615-741-5158 or visiting the website: [Education \(tn.gov\)](http://Education.tn.gov)

Tennessee Department of Education

710 James Robertson Parkway
9th Floor, Andrew Johnson Tower
Nashville, TN 37243
Phone: (615) 741-5158

Child Advocacy Group Contact Information

In addition to the state and local resources available to parents and children, there are many agencies and organizations that offer support, information, training and help in advocating for persons with disabilities in Tennessee. A few of these organizations are:

The ARC of Tennessee

545 Mainstream Drive, Suite 100
Nashville, TN 37228-1213
Website: <http://www.thearctn.org/>
Phone: 615-248-5878 Toll free: 1-800-835-7077

Support and Training for Exceptional Parents (STEP)

955 Woodland St., # 104
Nashville, TN 37206
Website: <http://www.tnstep.org/>
Phone: 1-800-280-STEP

Tennessee Voices for Children

500 Professional Park
Goodlettsville, TN 37072
Website: <http://www.tnvoices.org/>
Phone: 1-800-670-9882

These are only a few of the organizations available to help with information, training, and advocacy. For a more extensive list visit the Tennessee Disability Services – Disability Pathfinder Database:

Tennessee Disability Pathfinder

Phone: 1-800-640-4636
Email: tnpathfinder@vumc.org
Website: <https://www.tnpathfinder.org/>

This information is provided as a service to individuals seeking additional avenues for help and information. The Department of Education does not intend this as an endorsement or recommendation for any individual, organization or service represented on these pages.

Free and Low-Cost Legal Services in Tennessee

Legal Aid Society of Middle Tennessee
1-800-238-1443
615-244-6610
<http://www.las.org>

Vanderbilt University Legal Clinic
615-322-4964
University of Tennessee Law Clinic
865-974-2331

PROGRAMS AND SERVICES

Robertson County Schools are proud to offer a variety of programs and services to meet the diversity of student needs. For more information about any of these programs, please call 384-5588.

- School Nutrition Program
- Counseling Services
- Family Resource Center
- School Health Services
- Pre-Kindergarten Program
- Special Education Services
- Summer School
- Student Insurance
- Student Transportation
- Family-School Liaison
- ESL (English as a Second Language)

School System General Information

Up to date information about Robertson County School System can be found by contacting the system's internet web address: www.rcstn.net

Family Resource Center

The Family Resource Center is located on the campus of Bransford Early Learning School, 322 Bransford Drive, Springfield, Tennessee. Ms. Danielle Frazier is the Coordinator of the Family Resource Center. The phone number is (615) 382-3104.

Parent/School Homeless and Foster Care Liaison

Children who lack a fixed, regular, and adequate nighttime residence have specific rights under the McKinney-Vento Education Assistance Act. Please contact Jennifer Dusky, Parent/School Homeless and Foster Care Liaison, at jennifer.dusky@rcstn.net, (615) 487-0546.

ATTENDANCE EXPECTATIONS

Your child's potential for growth and development is maximized through consistent participation in a high-quality environment. Establishing consistent attendance routines in pre-K and kindergarten will increase chances of success in all future school experiences and will decrease chances that your child will drop out of high school. Our goal is to establish healthy school habits as soon as school is introduced. Therefore, it is important that your child attends pre-k regularly. The attendance policy for students in Robertson County Schools is described below.

Excused Absences:

We understand that children may miss some days of participation due to illness. Absences due to illness with a medical provider's note will be considered an **excused** absence.

The following are acceptable reasons for excused absences:

Per Board Policy, absences shall be classified as either excused or unexcused as determined by the principal/designee. Excused absences shall include:

1. Personal illness or injury
2. Ongoing health related ailments which temporarily prevent attendance
3. Communicable disease (virus or flu)
4. Religious observances
5. Death in the family
6. Limited medical/dental/therapy appointments; and
7. Circumstances which in the judgment of the principal create a necessity for the absence and have been pre-approved

"Car Trouble," "Personal Business," and "Family Matters" are considered unexcused absences.

The District School Calendars for this year and the next year have been published. Please plan family vacations to prioritize school attendance. Absences for family vacations must be preapproved and will be excused on a limited basis.

Attendance Procedures:

Documenting Absences from School:

1. Please communicate with your child's teacher when your child is absent or tardy. One of the following two documents is required for each absence:

A. a written request from the parent/guardian asking for the absence to be excused

Each child is allowed 5 parent/guardian request notes per semester or 10 per year. This includes illnesses and vacations.

The parent note should include the following information:

- child's name
- date of absence(s)
- reason for absence(s)

B. a doctor's note

Absences with a doctor's note are excused. A doctor's excuse is required after three (3) consecutive days of absence. A doctor's excuse is also required for all absences once the student reaches five parent notes per semester.

Parent notes and doctor's notes should be turned into your child's teacher or the school attendance clerk.

-Parents/Guardians should expect a call from the School Messenger System when their child is absent from school. This call should serve as a reminder to send a doctor's note or a parent note for the absence.

Accumulation of Unexcused Absences:

-If a child has five (5) or more unexcused absences accumulated in one semester—the site-level administrator or designee will contact the parent/guardian to review the pre-k attendance expectations. The site-level administrator will document attempts to contact the parent/guardian and the outcome of those attempts and/or communications.

-If a child accumulates seven (7) or more unexcused days in a semester, the site-level administrator or designee will contact the family to set up a meeting with the attendance committee to develop an attendance plan.

a. The attendance plan will be designed to help the family establish regular attendance or, if necessary, to plan for alternative services. The attendance plan will be developed by the family and appropriate school personnel, including, but not limited to: the child's primary pre-k teacher; the site-level administrator; the IEP team (if applicable); and additional staff serving the school and family, which may include a counselor, social worker, family support personnel, teacher assistant or other school staff supporting the child and family. The plan will:

- i. Identify the reasons for the absences;
- ii. Include a specific plan and date for establishing regular attendance or alternative services that meet the child's educational goals; and
- iii. Include documentation of services and student outcomes to determine effectiveness of the attendance plan.

Tardies:

The number of unexcused tardies or unexcused early dismissals from school will contribute to the total number of unexcused school days. The accumulation of (8) eight unexcused tardies or unexcused dismissals from school will be equal to (1) one unexcused school day.

Commitment to Education and Every Interested Family's Access to Pre-K:

Every effort will be made to ensure your child has access to a quality school program. Voluntary Pre-K seats are limited and are made available through a state grant. This grant helps the Robertson County School District provide preschool opportunities to interested and committed families.

A child who has more than five (5) unexcused days in a month, or ten (10) unexcused days in a year, may be terminated from the program for failure to follow the attendance policy.

Because the seats are limited, your child's spot may be filled as soon as he/she is withdrawn. Future eligibility for the terminated child to re-enter the program will depend upon vacancies after a 30-day waiting period and a parent conference to establish a faithful, binding Home/School Compact.

7. If you have questions or concerns about your child's attendance, or if you anticipate an ongoing attendance issue, please contact the attendance clerk at your child's school or **Jackie Bilyeu at (615) 382-2302.**

CONDUCT POLICY

Appropriate conduct and social skills are an integral part of the Pre-Kindergarten Program. For all children, opportunities to learn and play together are an important part of the classroom experience. Evidence-based practices consistent with *Pyramid Model for Promoting Social-Emotional Competence in Young Children* will be utilized to promote growth in social-emotional learning.

To help the students adjust to classroom expectations the following rules, rewards, and consequences will be used:

School Expectations

1. Look with your eyes.
2. Listen with your ears.
3. Use gentle hands and feet.
4. Use kind words.

Students should make progress toward:

1. Being safe
2. Being kind
3. Listening and doing

Reward Examples

- Verbal praise
- Thumbs up
- High 5's
- Occasional treats from Treasure Box
- Phone calls or notes home

Consequence Examples

- Removal from certain activities / areas
- "Cool down" time
- Limited child choice of activities
- Sitting beside teacher for activities
- Phone calls or notes home

TRANSPORTATION POLICY (revised July 2024)

Individual Transportation Plan

Every student must have an individual transportation plan on file. The plan for car riders must include contact information of the individuals authorized to transport the student in a vehicle. Those authorized to transport the child must be 18 years of age or older, with the exception of the biological parent(s) and must be prepared to sign the child in/out of the classroom each day. A picture ID may be required.

When riding a bus, a pre-k child must have an authorized person to sign him/her both on and off the bus daily. The plan for bus riders must list contact information of all individuals authorized to sign the student on and off the bus. Only those individuals listed on the Pre-Kindergarten Emergency Sheet will be allowed to sign a pre-k student on and off the bus. All persons listed on the emergency sheet must be 18 years of age or older, with the exception of the biological parent(s) and should be prepared to provide picture identification if requested. If no designated adult meets the bus in the afternoon, the pre-k student will not be released from the bus and will be transported to either his/her school or taken to the School Transportation Department at 1015 Josephine Street in Springfield. PRE-K STUDENTS WAITING TO LOAD THE BUS IN THE MORNING WITHOUT AN AUTHORIZED ADULT WILL BE ALLOWED TO LOAD THE BUS AND THE DEPARTMENT OF CHILDREN SERVICES WILL BE NOTIFIED.

PLEASE NOTE: Upon failure to have an authorized person present to sign a student on and off the bus, transportation can be denied.

Parents requesting that their child begin to ride a bus after the start of the school year or change to a different bus route must send a written note to the teacher. A period of three workdays is required before a student will be allowed to ride the requested school bus. The Transportation Department must have this time to document the request, notify the bus driver, verify route information, etc. Teachers will not be allowed to place a child on a bus without a written request and the completion of the three-day period (three days from the day the Transportation Department is notified). No phone requests for school bus transportation will be accepted.

Bus Transportation Guidelines

Riding the school bus is a privilege for students and parents. With this privilege come responsibilities that will ensure the safety of your child and other children on the bus. Upon failure to follow all guidelines, transportation will be denied.

Please read and discuss the following bus transportation guidelines with your child:

1.	ON TIME	Be at the bus stop on time in the morning and afternoon.
2.	WAITING	Parent/guardian or designee must wait with students at the bus stop.
3.	SIGN ON/OFF	Parent/guardian or designee must sign their child on and off the bus each day, both in the morning and afternoon. Appropriate identification of the adult may be required.
4.	COURTESY	Students must show respect to the driver, attendant, and other students.
5.	GOOD ORDER	Students must behave so the driver is not distracted.
6.	REMAIN SEATED	Students must remain seated at all times.
7.	PROPER DESTINATION	Students must ride to their proper destination. To get off the bus at a location other than the assigned destination, the driver, principal, and teacher must receive a signed/dated note from the parents explaining the change in transportation.
8.	KEEP INSIDE	Students must keep hands, head, and arms inside the bus.
9.	RESPONSIBILITY	Students who do not obey bus rules may lose their privilege to ride the bus. The principal will administer consequences for undesirable behavior. The consequence may include suspension from bus transportation.
10.	DAMAGES	Students who damage the bus must pay for the cost of repairs.

A child must have reached his/her 4th birthday before riding the bus. Pre-k students riding a bus with older children will be seated in the front of the bus to give the assistant visual access to them at all times. Bransford pre-k bus riders are required to wear bus badges. Some may be attached to their backpacks for easy access.



ROBERTSON COUNTY SCHOOL NURSING SERVICES

Amber Savell, RN School Nursing Coordinator

800 M.S. Courts Blvd., Suite #1

Springfield, TN 37172

Phone: 615-382-3606

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Send Home-Stay Home Guidelines

The following are some guidelines you may use when deciding whether to keep your child home or to send him to school. The school staff and school nurse will use these guidelines when determining whether your child should be sent home from school. If you are unsure, call your child's healthcare provider.

Fever

Fever is generally defined as a core body temperature of 100.4°F or greater (not 104°F). **A reading of 100°F or more with any thermometer is a fever.**

Your child should be without fever for a full 24 hours, **without fever-reducing medication**, before returning to school. This is because sick children often do not develop fever until the afternoon or evening. If your child has fever, **do not** give a fever-reducing medication (Tylenol, Advil, etc.) then send him to school.

Vomiting

If your child vomits in the morning, observe him for at least 1 hour before sending him to school. If he has no further episodes and is able to eat a light meal, he may go to school. If he has a second episode, keep him home. Your child should be free from vomiting episodes **for a full 24 hours** prior to returning to school.

Diarrhea

A child with one episode of mild diarrhea may be able to go to school, but if he needs to go to the toilet more frequently than usual due to loose stools, he should stay home. Vomiting and diarrheal illnesses are extremely contagious, so make sure he washes his hands with soap and water after toileting and before eating. Your child should be free from diarrheal episodes **for a full 24 hours** prior to returning to school.

Sore Throat

Most sore throats occur due to a mild viral illness and will self-resolve. If a child has no fever and does not feel otherwise ill, he may attend school. If the sore throat is accompanied by other symptoms such as headache, stomachache, and/or rash, he should see his healthcare provider to rule out strep throat or other illnesses.

Runny Nose or Cough

Most runny noses and coughs are due to mild viral illnesses which will self-resolve. If the child has no fever and feels otherwise well, he may attend school. If your child is sick enough to sleep extra hours during the day due to his symptoms, he should stay home. This typically occurs during the first 2 or 3 days of an illness. If his runny nose or cough lasts longer than 10-14 days or worsens instead of improving, he may need to see his healthcare provider.

Red or Runny Eyes

Bacterial conjunctivitis ("pink eye") is a contagious infection of the lining of the eyeball and eyelids. Symptoms are redness of the white of the eye, swelling of the eye or eyelids, and discharge which is typically cloudy or yellowish-green. If your child wakes up with his eyelids "glued together" with discharge, call your doctor and keep your child home. Careful hand washing is essential with bacterial conjunctivitis. If it is conjunctivitis they may return to school after they are treated for 24 hours.

Rashes:

Scabies is a common, very itchy rash caused by a mite burrowing under the skin surface. Small bumps or raised lines are visible on the forearms and hands, and on the trunk and groin area. Often other family members have it as well. Your healthcare provider should see your child if you suspect scabies. If diagnosed with scabies, upon return to school, your child must bring a note from the doctor as proof of treatment.

Impetigo is a contagious superficial skin infection which looks like a crusty yellowish scab or sometimes a large blister. It can be seen anywhere on the skin but is often found around the nostrils and lips. Your healthcare provider should see your child if you suspect impetigo.

Staph Infection/MRSA are commonly seen in school-aged children. Usually, it manifests as a pink or red, firm, very sore area. It may or may not have a "head" on it. Your child's healthcare provider should see your child if you suspect a staph infection. **Upon return to school please provide proof of treatment and lesions must be covered.**

Fifth's Disease is a common viral rash which causes bright red cheeks ("slapped cheek disease"), followed by a pink, flat, lacy-appearing rash on the upper arms and tops of the thighs. Most children feel well with it, and once they develop the rash, they are no longer contagious. **They may attend school.**

Ringworm is not a worm; it is a contagious infection caused by a fungus. Symptoms are small, red, raised, scaly spots that are itchy and grow in a circular pattern. Ringworm can be treated with anti-fungal creams, over the counter, such as Tinactin, Micatin or Lotrimin. **Your child may return once ringworm treatment has begun, and it must be covered.**

This covers some, not all, conditions that may require your child be sent home. Our school nurse's goal is to keep your child in school at their optimal health. Please call your school nurse with any questions or concerns.

Thank You,

Robertson County School Nurses



DEPARTMENT OF SCHOOL NURSING SERVICES

800 M.S. Courts Blvd., Suite #1

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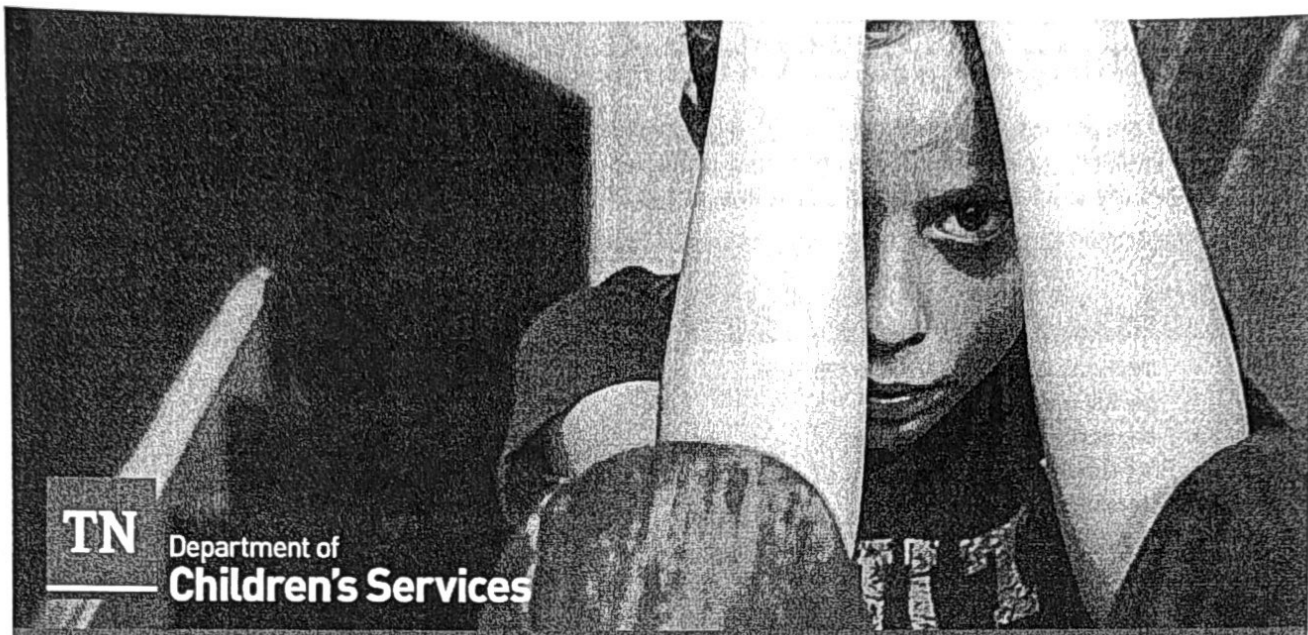
Procedure for Medications at School

For Students who require medication to be given at school, the following procedure must be followed:

- The medication must be brought to school by a **responsible adult**. It **cannot** be sent to school on the bus or carried into the school by the student. Medication must be in a properly labeled prescription bottle or if it is an over-the-counter medication, it must be in a **new, unopened** bottle. Medications sent to school with a student **will not** be given and students could face disciplinary action.
- The adult bringing the medication to school should allow time to complete any necessary paperwork.
 - If the medication is prescribed by a physician, a doctor's order and a permission to release information are needed. These forms are to be completed by the physician and parents.
 - If the medication is an over-the-counter medication, a parent note and OTC order form are needed.
- Medications, such as antibiotics, that are to be administered 3 times a day should be given at home on the following schedule: when the child gets up; when the child gets home from school; and when the child goes to bed.
- The parent is responsible for picking up any remaining or unused medication. If the parent does not pick up the remaining or unused medication, it will be discarded at the end of the school year.

Thank you for your assistance in helping us to maintain a safe environment where children can learn.

-Robertson County School Nursing Services



Report Suspected Child Abuse & Neglect

877-237-0004

Call 911 if there is a life-threatening emergency

Do You Suspect a Child is Being Abused or Neglected?

The Tennessee Child Abuse Hotline accepts all reports of suspected child abuse and neglect for the state of Tennessee. The Tennessee Child Abuse Hotline is open 365 days a year, 24 hours a day and 7 days a week.

Call the Child Abuse Hotline

1-877-237-0004

Or in non-emergency situations use the online form

<https://apps.tn.gov/carat/>

- Our trained case managers will guide Hotline callers through a series of questions.
- Callers do not have to know all the details of the abuse or neglect.
- The Hotline case managers use the information you provide to determine the severity of the situation and how best to intervene.

Learn More

Visit the DCS website at tn.gov/dcs to learn more about keeping children safe.

Warning Signs of Child Abuse

Below are indicators of child abuse and neglect, please note that the signs in each category may pertain to one or more types of abuse or neglect. If you suspect abuse, please call the Tennessee toll free **Child Abuse Hotline** at 1-877-237-0004.

Signs of Sex Abuse

- Soreness or bruising, pain or itching in genital or anal areas
- Sexually transmitted diseases
- Nightmares or bedwetting
- Unexplained loss of appetite
- Becoming isolated or withdrawn
- Excessive masturbation or sexual play
- Abuses children, animals or pets
- Attaches very quickly to strangers or new adults in their environment
- Obsession with pornography or viewing sexually explicit photos
- Repeated runaway or suicide attempts
- Self-destructive behavior/self-injury/cutting, risky or delinquent behavior
- Substance abuse

Signs for Sexual Exploitation of Minors

- History or presence of emotional, sexual, or other physical abuse
- Sexually transmitted diseases
- Evidence of homelessness; no identification and runaway
- Inexplicable appearance of expensive gifts, clothing, or other costly items
- Presence of an older boy-/girlfriend
- Evidence of drug use
- Possesses multiple phones and hotel room cards
- Repeated statement of urgent need to leave or get back home

Signs of Physical Abuse

- Unexplained fractures or injuries
- Previous injuries in various healing stages
- Patterned injuries consistent with objects of abuse (cigarettes, belt, hands)
- Burns on extremities, buttocks or genitals
- Frightened of or shrink at approach of adult caregiver
- Emotional turmoil (anxiety, depressed, suicidal); developmental delays
- Self-isolation or undue aggression
- Fear of going home; many school absences
- Abuses animals or pets

Signs of Emotional Abuse

- Anxiety, depression or humility
- Constant belittling, shaming, and humiliation
- Developmental delays; failure to thrive



Signs of Neglect

- Abandonment or reports that there is no one at home to provide care
- Constant hunger or begs or steals food for money; signs of malnutrition
- Abuses alcohol or drugs
- Lacks sufficient clothing for the weather or clothes are filthy
- Neglected personal hygiene (body odor, matted hair)
- Consistent lack of supervision
- Untreated medical issues

In Tennessee, everyone is legally mandated to report suspected child abuse and neglect.
For more information, please visit <https://www.sworps.utk.edu/children> or <https://www.tn.gov/dcs.html>
This project is funded through an agreement with the state of Tennessee.

Meningococcal Vaccines

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 <http://www.immunize.org/vis>.

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 – 1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf or mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16-21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

3 Who should get meningococcal vaccine and when?

Routine Vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

Other People at Increased Risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.



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

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Some people should not get meningococcal vaccine or should wait.

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

5

What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot – especially if you feel faint – can help prevent these injuries.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

Severe problems

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

6

What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a severe allergic reaction or a high fever. If a severe allergic reaction occurred, it would be within a few minutes to an hour after the shot. Signs of a serious allergic reaction can include **difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.**

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

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.

8

How can I learn more?

- Your doctor 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/vaccines

Vaccine Information Statement (Interim) Meningococcal Vaccines

10/14/2011

42 U.S.C. § 300aa-26



Standards for School-administered Child Care, Chapter 0520-12-01
SUMMARY

Program Approval, 0520-12-01-.03

- All persons or entities must be certified by the Tennessee Department of Education.
- At least five school-aged children enrolled in kindergarten or above must be documented to be considered for approval by department jurisdiction. If documentation is not proven, the program will then be referred to the Department of Human Services for licensing.
- A least two visits will be made to the program under the temporary license to ensure health and safety regulations are followed. Once the annual license is issued, visits will include one announced and one unannounced each program year. Supplemental visits may include a summer visit, complaint investigations, and follow-ups for violations noted at the regular visits.
- A certificate is not transferable to another location.
- The program must submit an annual report to the department prior to Oct. 1. The certificate may be suspended if the report is incomplete.
- Programs are subject to being issued a safety plan if the department finds major health and safety violations during any on-site visit.

Program Organization and Administration, 0520-12-01-.05

- A Child Care Center must have an adequate budget. General liability, automobile liability, and medical payment insurances must be maintained on all properties and vehicles owned or operated by the program.
- Children's files must include a complete application, an official immunization record (exceptions do apply), and health history before the child is allowed in the classroom.
- On-going parent communication is expected. Programs must provide a parent handbook with the policies, procedures, and the department requirements, chapter 0520-12-01. It is expected that parents sign for receipt of the policies and requirements, and this would be kept in the child's file. All parents shall be given a pre-placement visit opportunity.
- Parents must have access to all areas of the center when their child is present.
- The parents must receive an educational program regarding child abuse detection, reporting, and prevention.
- A written plan must be in place for the release of each child and should include individuals who are allowed to pick up the child at the end of the day, or any given time, by the parent.
- Children must be signed out of the program by the legal guardian. Staff may require to see a person's identification when releasing a child from the program.
- Injuries and incidences will be reported to the parent as soon as possible or at the end of the school day. This shall be documented in the child's file.
- Staff records must be kept on each employee that includes educational background, reference checks, TBI check, in-service training, physical exams, and performance reviews.

- If the center provides transportation, the driver should be appropriately licensed, have a drug screening on file, and certificate of CPR/First Aid, there must be liability insurance and the children must have adequate space and supervision. Transportation provided by the center, or under center authorization, shall comply with state law.
- Programs must have the current Certificate of Approval posted where parents and visitors can easily see it, along with the Department of Human Services (DHS) childcare complaint number and the Department of Children's Services (DCS) Child Abuse Hotline number.
- No smoking must also be posted in a conspicuous manner.
- A copy of the state board rules (chapter 0520-12-01) must be maintained in a central space and available to all staff and parents.

Program Operation (Supervision), 0520-12-01-.06

- Careful supervision of each group is expected at all times and suited appropriately for each age grouping.
- Adult:child ratios and group sizes must be followed.

Single-age grouping chart:

AGE	GROUP SIZE	ADULT:CHILD RATIO
Infant (6wks-12 m)	8	1:4
Toddler (11m-23m)	12	1:6
Two (2) years old	14	1:7
Three (3) years old	18	1:9
Four (4) years old	20	1:13
VPK, 619, PDG	20	1:10

Multi-age grouping chart:

AGE	GROUP SIZE	ADULT:CHILD RATIO
Infant – 18 months	8	1:4
18 – 36 months	16	1:8
3 – 4 years old only	20	1:10
3 – 6 years old*	24	1:13

*Not including first grade children

- Group sizes must be maintained in the classroom, but classes may combine while outdoors, in common dining areas, or common napping areas.
- Each group must have their own space. Infants cannot be grouped with children older than 30 months; a separate area must be provided for infants and toddlers.
- At naptime, ratios may be relaxed for groups (except for infants and toddlers).
- A written playground supervision plan is required.
- Field trips require adult:child ratios to be doubled. Swimming has a separate ratio chart (page 17) and the lifeguard is not included in the ratio.

Staff, 0520-12-01-.07

- All programs must have a director and enough teachers and staff to meet the required ratios for adequate supervision.
- Staff must be physically, mentally, and emotionally stable to work with children and have knowledge of early childhood behaviors and development.
- Preschool directors, teachers, and assistant teachers must be 21 years of age.
- All new staff must complete two hours of orientation before assuming duties and receive annual instruction in early childhood topics that are required in this chapter section.

- Documentation of training hours is to be maintained for each staff member and available for the department at any time during the program year.
- The program must maintain written documentation that each employee has read the full set of all applicable rules.
- A copy of the entire rules must be maintained and readily accessible to all employees.
- All staff must have a criminal background check upon hiring and must be cleared before assuming duties. A new fingerprint sample is required every five years for all employees.
- All teachers and assistant teachers must be at least 21 years of age.
- A director shall be responsible for the day-to-day operations, shall be physically present in the facility for at least half the hours of operation, be at least 21 years of age, and follow the qualification guidelines listed in this chapter section.
- An assistant director may be designated in charge when the director is absent.
- All directors, assistant directors, teachers, assistant teachers, and other staff working directly with the children must have 30 hours of professional development training. At least six hours of this professional development must be in developmentally appropriate literacy practices.

Program, 0520-12-01-.09

- Educational activity must be developmentally appropriate for the age and ability of the children enrolled. (See TN-ELDS for Birth-48 Months and TN-ELDS for 48 month-Kindergarten)
- Any technology used by the children must be reviewed by staff, approved by parents, and shall not exceed two hours per day.
- Children shall not be left in restraining devices (swings, car seats, high chairs, etc.) for periods longer than 30 minutes.
- Children should have opportunities to play together, and also alone, when they choose to do so.
- Personal safety must be taught each year for children ages three years through school age. Parents must be made aware of the curriculum and written approval from the parent/guardian must be maintained for each child.
- Outdoor play must be provided for all ages who are in care for more than three daylight hours, weather permitting (temp ranges 32-95 degrees).
- Behavior management and discipline must be reasonable and age appropriate. Spanking or other corporal punishment is not allowed. Timeout must be based on the age of the child and take place in an appropriate location.
- Children shall not be in care for longer than 12 hours in a day.
- Routines such as snack, meals, and rest shall occur at approximately the same time each day.

Health and Safety, 0520-12-01-.10

- A first aid kit must be on the premises and a comprehensive first aid chart or list must be available.
- There must be a staff member present at all times who has a current certification in CPR and first aid training.
- A written plan to protect children during disasters is required. Drills must be practiced and documented each month. At least one drill must be practiced during extended care hours.
- Smoking and the consumption of alcohol are not allowed on the premises of a child care program.
- Firearms are not allowed on the premises, or in a vehicle, used to transport children.
- Kitchen knives, or other potentially hazardous tools, must be kept inaccessible to children.
- Staff's personal belongings must be kept inaccessible to children.
- Emergency contact numbers must be listed and posted near all telephones.
- Conduct regular morning health checks of each child and notify parents immediately when a child is sick or injured.
- Medication may not be given to any child without the written consent of the parent/guardian.
- Safe sleep practices for infants must be followed:
 - Infants placed on their back to sleep or in a crib or pack 'n play with only the sheet. Soft bedding for infants is not allowed.

- No swaddling or wrapping in a blanket.
 - Infants must be touched by a teacher every 15 minutes to check breathing and body temperature.
 - Infant room teachers must have SIDS and safe sleep training before reporting for duty.
- Hand washing and diapering procedures must be followed to minimize the spread of germs in the classrooms.
- Proper diapering procedures must be followed (CDC.gov).
- Developmentally appropriate equipment that is in good repair, and easily cleaned, is required. All manufacturer's safety instructions must be followed.
- Electrical cords and outlets should be inaccessible to the children.
- Children must have a place to store their belongings that minimizes the spread of germs.
- Each child must have their own napping equipment (2" thick mat or cot; sheet or cover for the mat; and a coverlet for their body)
- All staff must report reasonable suspicions of child abuse to DCS hotline number or local law enforcement immediately upon knowledge of the event. Annual training for this is required.
- A child abuse coordinator must be designated by the program. This person must be trained in child abuse reporting, be available for the program staff if they have questions about reporting, and serve as a liaison to the program staff, DCS, and law enforcement agencies.
- All staff and volunteers will cooperate with investigation personnel in the event of suspected child abuse or neglect.

Food, 0520-12-01-.11

- Children will receive meals based on the amount of hours spent in the program.
- Food should not be forced or withheld from children.
- Infants must be held while bottle feeding and bottles may not be heated in the microwave.
- Special diets and instructions must be provided in writing.
- A menu must be posted each week. Changes to the meal must be documented before the meal occurs.
- Teachers and children must wash hand when handling and eating food.
- All eating surfaces must be washed with soapy water and sanitized before eating and after eating.
- Children must be seated at appropriately sized tables.
- Staff must closely supervise them while eating.
- Milk must be placed in the refrigerator immediately after it is served. All formulas remaining in bottles after feeding must be discarded.
- Highchair manufacturer's restraints must be used.
- Food must be properly handled and stored to protect from contamination.
- Milk and perishable food must not sit on the table longer than 15 minutes before being served.

Physical Facilities, 0520-12-01-.12

- All facilities must pass an annual fire inspection and health inspection.
- A working telephone is required.
- A minimum of 30 square feet of usable indoor play space for each child is required.
- The area must be clean and safe for the children to use.
- A minimum of 50 square feet per child is required outdoors.
- The outdoor area must be fenced.
- Outdoor play equipment must be age appropriate for the group of children.
- Outdoor equipment must be placed to avoid injury and have a proper amount of resilient surfacing material to cushion a fall.
- The outdoor playground must be properly maintained with a written playground maintenance plan. A pre-play inspection is required before children play outdoors.
- Drinking water shall be provided in all occupied rooms.
- Adequate temperature must be maintained in all classrooms.

- Classroom pets must be kept in a clean cage and kept away from food storage or food preparation areas.

Transportation, 0520-12-01-.13

- All transportation laws must be followed at all times and are defined in State Board of Education Pupil Transportation Rule 0520-01-05-.01 (2).
- Liability insurance coverage is required on all vehicles.
- Fifteen passenger vans are strictly prohibited.
- Proper child passenger restraints are to be used when transporting children in passenger vehicles.
- All school bus drivers must be properly licensed, have received a background check through the department, complete an annual physical and mental exam, complete annual school bus driving training, and complete CPR certification.
- Adult monitors, in addition to the driver, may be needed to properly supervise children while in route.
- Passenger logs must be kept and inspection of vehicles at the end of the route is required to insure no child is left inside the vehicle.

Care of Children with Special Needs, 0520-12-01-.14

- When children with special needs are enrolled, all reasonable and appropriate efforts shall be made to provide those children equal opportunity to participate in the same program activities as their peers.
- Adaptations to the environment shall be directed toward normalizing the lifestyle of the child with a disability by helping him/her become independent and develop self-help skills.
- The program shall inform parents of any specialized services available from the program and, if the program is aware of any specialized services available through third parties, shall additionally inform the parent of such services.
- The governing agency shall develop policies and procedures, in accordance with 0520-01-09-.23, governing personnel authorized to use isolation and restraint, training requirements, and incident reporting procedures.

School-Age Before and after School Programs 0520-12-01-.15

- All staff shall be 18 years of age.
- Professional development training hours are required: 18 hours for directors and 12 hours for staff.
- The ratio for Kindergarten-12 years old is 1:20 and for 13 years and older is 1:30.
- The ratio and group size requirements, when pre-K is enrolled in the program, are:

AGE	Group Size	Adult: Child Ratio
Including 3 year olds	15	1:10
Including 4 year olds	20	1:12

**COMPLAINT HOTLINE: (LONG DISTANCE) 1-800-462-8261
(NASHVILLE AREA) 615-313-4820**