

## Preschool Application

The following documents are required unless the enrolling student is in state custody or is experiencing homelessness:

- Preschool application with proof of income
- Birth certificate or other official records of birth
- Current immunization record
- Current physical examination
- One proof of residency dated within the past two months stating the name of the parent/legal guardian and the address of residence. Acceptable forms of proof of residency include:
  - Option 1: Copy of signed lease agreement or mortgage statement
  - Option 2: Utility bill (i.e., electric, water, gas, or sewer)
  - Option 3: Bank or credit card statement
  - Option 4: Paystub
  - Option 5: Voter Registration or some type of legal mail

**Please note:**

- **Completing this application does not qualify your child for the Free or Reduced Meal Program.**
- **Submission of this application does not guarantee acceptance into the Voluntary Pre-K (VPK) Program.**
- **Refusal to provide income does not prevent provision of special education services.**

### STUDENT AND HOUSEHOLD INFORMATION

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Preferred Name</b>		<b>Birth Date</b>		<b>Phone Number</b>	
<b>Physical Address</b>		<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (if different)</b>		<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Race</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White		<input type="radio"/> Asian <input type="radio"/> Black or African American		
<b>Is the student Hispanic / Latino?</b>	<input type="radio"/> Yes <input type="radio"/> No		<b>Sex</b>	<input type="radio"/> Male <input type="radio"/> Female	
<b>Other Information (as applicable)</b>	<input type="radio"/> Individualized Education Plan (IEP) <input type="radio"/> 504 Plan		<input type="radio"/> Foster Care <input type="radio"/> Migrant		
<b>Where does your child currently stay at night?</b>					
<input type="radio"/> Home or apartment owned or rented by the parents/guardians <input type="radio"/> Campsite <input type="radio"/> Automobile <input type="radio"/> Shelter <input type="radio"/> Hotel/Motel <input type="radio"/> Temporarily living with relative/friend <input type="radio"/> Housing that is inadequate (no electricity, running water, etc.)					
<b>Has your child ever attended one of the following?</b>	<input type="radio"/> Head Start <input type="radio"/> Early Head Start <input type="radio"/> Family Childcare		<input type="radio"/> Mother's Morning Out <input type="radio"/> Private daycare <input type="radio"/> Private/Public Preschool		
<b>Previous Schools or Preschool Attended</b>	<b>Address</b>		<b>Telephone</b>	<b>Years Attended</b>	

PARENT/GUARDIAN #1					
Last Name		First Name		Email Address	
Home Phone		Work Phone		Cell Phone	
Physical Address (if different from student)		Apt	City	State	Zip Code
Mailing Address (if different from student)		Apt	City	State	Zip Code
Relationship to Student					
Lives with student?	<input type="radio"/> Yes		<input type="radio"/> No		
Employer		Occupation		Work Hours	
Work Address		City		State	Zip Code

PARENT/GUARDIAN #2					
Last Name		First Name		Email Address	
Home Phone		Work Phone		Cell Phone	
Physical Address (if different from student)		Apt	City	State	Zip Code
Mailing Address (if different from student)		Apt	City	State	Zip Code
Relationship to Student					
Lives with student?	<input type="radio"/> Yes		<input type="radio"/> No		

<b>Employer</b>		<b>Occupation</b>		<b>Work Hours</b>	
<b>Work Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>

**EMERGENCY CONTACT INFORMATION**

<b>EMERGENCY CONTACT #1</b>				
<b>Last Name</b>	<b>First Name</b>		<b>Relationship to Student</b>	
<b>Home Phone</b>	<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Address</b>	<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>EMERGENCY CONTACT #2</b>				
<b>Last Name</b>	<b>First Name</b>		<b>Relationship to Student</b>	
<b>Home Phone</b>	<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Address</b>	<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**Part A: Family Information**

Please list information for all other household members.

<b>Section 1: Name(s) of All Other Children in the Household</b>	<b>Date of Birth</b>	<b>School</b>	<b>Grade</b>
1.			
2.			
3.			
4.			
5.			

Section 2: Name(s) of All Adults in the Household		Relationship to Student
1.		
2.		
3.		
4.		

**Total Number of Household Members:** \_\_\_\_\_

### Part B: Program Participation

Please check (✓) if a child, family, or household member participates in one or more of the following programs, currently or during the past school year. Documentation is required (See Part D.)

✓	Program	✓	Program	✓	Program	✓	Program
	Early Head Start		Foster Care		Migrant		Supplemental Nutrition Assistance Program (SNAP)
	Head Start		Homeless		Families First (TANF)		SNAP/TANF Case Number:

### Part C: Total Household Income

Please list **ALL INCOME** of household family members and how often income is received. Any falsification of information concerning income, residency, birth certificate, and/or completion of this application and other forms may be reason for dismissal.

#### Income instructions:

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage Amount by the number of months that you receive the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes			
A GROSS Work Income	D. Pensions	G. Veteran's Benefits	J. Alimony
B. Unemployment	E. Retirement	H. Child Support	K. Other (must list)

C. Workman's Comp		F. Social Security Benefits		I. SSI Disability		
Name of Adult	Employer (if applicable)	Source of Income Code	Monthly Payment or Wage Amount	Multiply by (x)	How many months did you receive this income in the last year?	Total Amount
			\$	x		\$
			\$	x		\$
			\$	x		\$
			\$	x		\$

**Total Annual (Yearly) Income:** \_\_\_\_\_

**Part D: Income Verification**

Please check (✓) all documents that have been provided as Proof of Income					
<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	Foster Care Reimbursement	<input type="checkbox"/>	Social Security Benefits	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	Alimony Documentation
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	SSI Documentation	<input type="checkbox"/>	Retirement Documentation
Other (Specify): _____					

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate, and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Name and Signature of LEA employee reviewing this application**

I certify that I have examined the above income documentation and verification information.

Completed forms must be maintained in accordance with FERPA.

Printed Name/Title of LEA employee: \_\_\_\_\_

Signature of LEA employee: \_\_\_\_\_

Date Reviewed by LEA employee: \_\_\_\_\_

**For Office Use Only**

Please Circle One

Income Eligible: Yes / No





## Voluntary Preschool Application

(Children must be four years old on or before August 15, 2025)  
but not yet five years old on or before August 15, 2025)

Date Application Completed: \_\_\_\_\_ Date Received at BOE \_\_\_\_\_

Child's Name \_\_\_\_\_ Male or Female (please circle)

Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Contact Numbers \_\_\_\_\_

School Zone \_\_\_\_\_

### Please answer the following questions:

1. Would you be requesting bus transportation? **Yes or No**
2. Has your child been a victim or observer to: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mental illness, divorce, substance abuse, violence in the home, a relative who has been/or is in prison or jail, death of an immediate loved one.  
 none       Only one       2-3       4-5       6 or more
3. Is English the primary language spoken at home? **Yes or No**
4. Has your child been in daycare in the last calendar year? **Yes or No**
5. Did your child receive physical therapy, occupational therapy or speech services before the age of three? **Yes or No**
6. Did your child receive Special Education services at age three? **Yes or No**

7. Is this child currently living in a home with:

two parents     one parent     grandparents/relatives     foster parents

8. What is the mother's/female guardian's highest level of education?

GED    High School Diploma    College Diploma    Other (specify):\_\_\_\_\_

9. What is the father's/male guardian's highest level of education?

GED    High School Diploma    College Diploma    Other (specify):\_\_\_\_\_

10. Does your child have a learning difficulty?

suspected     diagnosed \_\_\_\_\_     diagnosed and IEP \_\_\_\_\_

11. Is either parent on active duty with the military?    Yes or No

12. Has a parent died in active military duty?    Yes or No

13. Does the child have health issues (diabetes, allergies, etc.)?    Yes or No

14. Please list any other information you feel is important regarding your child:

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**All information on this application is confidential. State guidelines mandate the number of applications which can be accepted. The application, along with proof of income must be returned to the Board of Education, ATTN: Jacquelyn Perigen at PO Box 433, Dover, TN 37058 or fax 931-232-5390**

# Stewart County School Systems

School: \_\_\_\_\_

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

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_ P.O.Box: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: \_\_\_\_\_ Is English the primary language? Yes \_\_\_\_\_ No \_\_\_\_\_

Race: American Indian \_\_\_\_\_ White \_\_\_\_\_ Pacific Islander \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_

Ethnicity: Not Hispanic/Latino \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_

Does either parent/guardian work or live on Federal property? \_\_\_\_\_ Active Duty \_\_\_\_\_

If yes, where (include address): \_\_\_\_\_

Who has legal guardianship of student: Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Primary Nighttime residence:

\_\_\_\_ Home/Apartment owned or rented by parent/guardian

\_\_\_\_ Living with another family \_\_\_\_\_ Hotel/Motel

\_\_\_\_ Shelter \_\_\_\_\_ Car, Campground, Abandoned Building

Other: \_\_\_\_\_

Do you have internet: \_\_\_\_ Yes \_\_\_\_ No

Who is your provider? \_\_\_\_\_

Which of the following do you have access to in your home?

\_\_\_\_ Smart Phone \_\_\_\_\_ Tablet \_\_\_\_\_ Desktop

\_\_\_\_ Laptop Other (Please specify): \_\_\_\_\_

*If a child does not live with biological parent(s) then legal documents concerning child custody, adoption, and/or guardianship must be on file in the school office.*

Mother/Guardian: Last \_\_\_\_\_ First \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone (Day) \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father/Guardian: Last \_\_\_\_\_ First \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Father's Phone (Day) \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

IN CASE OF EMERGENCY AND PARENT/GUARDIAN IS NOT AVAILABLE CONTACT:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Handbook/Textbook/Medical Agreement:

- Student Handbook is online at <http://stewartcountyschools.net>. A paper copy is available upon request. I understand that as my child enrolls in the Stewart County School System, he/she is subject to all rules and consequences provided in the student handbook.
- I also understand that I am responsible for all free textbooks used by my child. I agree that I will reimburse the Stewart County Board of Education for the replacement value of any book or equipment that are badly damaged, destroyed or misplaced which my child has used during her scholastic year.
- In case of accident or serious illness, and the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any medical conditions and/or allergies: \_\_\_\_\_

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

Health Carrier: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\*\*\*\*\*

School last attended: \_\_\_\_\_

School address: \_\_\_\_\_

School Phone #: \_\_\_\_\_

School Fax #: \_\_\_\_\_

Does your child have an IEP (Individualized Educational Plan): \_\_\_Yes \_\_\_No 504? \_\_\_Yes \_\_\_No

Has your child ever had an IEP (Individualized Educational Plan): \_\_\_Yes \_\_\_No 504? \_\_\_Yes \_\_\_No

**PHOTO RELEASE**

I understand that my child's picture may be taken during the school year by Stewart County School System employees or organizations for promotional and instructional purposes.

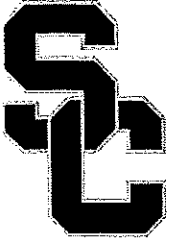
I give permission for the above to photograph and/or video my child and to use my child's picture and/or my child's likeness in the presentations, digital newsletters, websites, or other media without any restrictions, for any and all purposes consistent with educational missions of teaching, research, promotion, and outreach. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Stewart County School Systems.

I have read this entire photo release statement and I agree to the conditions with in this release.

\_\_\_Yes, I will allow

\_\_\_No, I do not allow

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



# STEWART COUNTY SCHOOL SYSTEM

1031 Spring Street • P.O. Box 433 • Dover, Tennessee 37058

Phone: 931-232-5176 • Fax: 931-232-5390

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Mike Craig, Director of Schools

Dear Family,

Our class will soon begin using *Keeping Kids Safe*. This program teaches children skills that will help them keep safe from dangerous or abusive situations. Children will also learn how to ask for help when they need it. The curriculum index has been attached to show you the various topics. Stewart County Schools also have Eddie the Eagle (Sheriff's Dept.) come in to teach gun safety, Ollie the Otter comes to teach about car safety, and Buster the Bus comes and teaches about bus safety.

Children learn more about safety and are more likely to follow safety rules when they have multiple opportunities to practice and talk about safety with their family. We would encourage you to help your child learn and practice safety rules.

If you have any questions, please call your child's teacher.

Sincerely,

Pre-K Teachers

Please complete and sign below:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there is content that you do not want your child to be taught in class, please give your teacher a written letter to let them know.

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## PRE-K TRANSPORTATION FORM

Transportation plan for \_\_\_\_\_

To and from \_\_\_\_\_ for the 2025-26 school year.

(school name)

- All school buses will be maintained and operated in accordance with state law and State Board Rules and Regulations.
- Three year olds will be transported on the special education bus with an adult attendant in addition to the driver and will be properly secured in an individual passenger restraint device (i.e. approved car seat with seat belt).
- Four year olds riding the regular school bus may be accompanied by a designated responsible party (i.e. older sibling, cousin etc.)
- All Pre-K students must be signed on and off the buses.
- If your child does not get off the bus in the afternoon as expected, please call the school as well as the bus garage (232-7342) immediately.
- In case of early dismissal, your child will be transported to the location designated by you on the early dismissal form.
- Any bus transportation concerns should be discussed with Eric Watkins at 232-7342.
- Any changes must be reflected on a new Transportation Form.
- A parent, guardian, or responsible party should wait at the bus stop with the Pre-K student in the morning and be waiting for them in the afternoon. If a student is the responsible party, please write the student(s) name below.
- If no responsible party meets the bus in the afternoon or if the student who is the designated responsible party for the preschooler is not on the bus, children will be returned to their school and should be picked up immediately from there.

**Please select one for morning:**

\_\_\_\_\_ I will provide transportation for my child.

\_\_\_\_\_ My child will ride the regular education bus.

\_\_\_\_\_ My child will ride the special education bus.

Physical Address pick up from in the morning: \_\_\_\_\_

**Please select one for afternoon:**

\_\_\_\_\_ I will provide transportation for my child

\_\_\_\_\_ My child will ride the regular school bus. Please write the name of the responsible party below that will be waiting for the preschooler in the afternoon if the responsible party is a student. \_\_\_\_\_

\_\_\_\_\_ My child will ride the special education bus.

Physical Address pick up from in the morning: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_







**FAMILIES RIGHTS AND RESPONSIBILITIES ACT**

**CONSENT FORM**

**All Inclusive:**

In accordance with the "Families' Rights and Responsibilities Act", Public Chapter No. 1061, for a student to receive health care services by a school nurse or other persons acting on behalf of the school system, a parent or guardian must provide written consent. My student has permission to see the school nurse or other persons acting on behalf of the school system for basic health services including assessment and treatment of illness (headache, abdominal pain, vomiting, fever, etc.), injury, and/or emergent care.

*If you do not consent for your child to receive basic health care services, you will need to ensure you are able to arrive at the school within thirty (30) minutes of notification from the school for assessment and treatment of any illness or injuries of your child. If not, EMS may be called.*

**Counseling Only:**

Because of Public Chapter No. 1061 passed by the Tennessee Legislature, STEWART County Schools, including Dover Elementary, North Stewart Elementary, Stewart County Middle, and Stewart County High, must obtain consent of the parent or guardian to render counseling services specified in TCA 63-22-122. This includes all the duties a school counselor typically performs as part of the normal functions of the school day. These services could include meeting with a school counselor for academic support, college and career readiness, and social and personal development. School counseling support may be delivered individually, in small groups, or in a classroom setting.

**By signing this form, I consent to the above in its entirety and affirm I have authorization to consent on behalf of my student \_\_\_\_\_ who attends \_\_\_\_\_ School.**

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature (18 yrs. or older)**

\_\_\_\_\_  
**Date**

**Parental/Guardian Consent to Create and Maintain a Google for Education Account for Students Under 18**

Due to a recent change in Google terms of service, we must have on file a parent/guardian consent form for students to have a school system administered Google for Education Account if they are under 18 years of age. Currently all students have a Google Account that is used to access programs connected by the school system to the Google Account and to provide Single Sign-On services to third party applications connected to the account by system administrators. Primarily this account is used for Single Sign-On services such as Clever and to access Google Apps. Teachers connect students with curriculum, activities, assignments and assessments through these services. This is an important tool that allows access to a wide range of resources and is vital to the day to day learning going on in our classrooms. If you have questions, need clarification or need additional information please contact Chris Guynn Technology Director at [chrisguynn@stewartcountyschools.org](mailto:chrisguynn@stewartcountyschools.org).

**NOTE:** This consent form must be signed and returned to the school by October 23<sup>rd</sup>. Any account that we do not have a consent form on will be suspended on that date.

I give consent for Stewart County Schools to create and/or maintain a Google for Education account in the name of my student for the purpose of accessing educational materials and connecting to third-party resources approved by school administration.

<b>Student Name</b>	
<b>Parent/Guardian Name</b>	
<b>Parent/Guardian Signature</b>	

## Tennessee Parent Occupational Survey



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.

Today's Date \_\_\_\_\_

Parent/Guardian First & Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_

Student Last Name \_\_\_\_\_






School Name \_\_\_\_\_

Student Grade \_\_\_\_\_

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally in any part of the United States in the past 3 years? Check all that apply.

\_\_\_\_ NO

\_\_\_\_ YES. Check all that apply:

<p><b>Agriculture/Field Work:</b> planting, picking, sorting crops, soil preparation, irrigation, fumigation</p>  <input type="checkbox"/>	<p><b>Processing &amp; Packaging:</b> fruit, vegetables, chicken, pork, beef, eggs, etc.</p>  <input type="checkbox"/>	<p><b>Dairy/Cattle Raising:</b> feeding, milking, rounding up.</p>  <input type="checkbox"/>
<p><b>Nursery/Greenhouse:</b> planting, potting, pruning, watering, harvesting</p>  <input type="checkbox"/>	<p><b>Forestry:</b> soil preparation, planting, cutting trees; does not include landscaping.</p>  <input type="checkbox"/>	<p><b>Other:</b> Any other agriculture or fishing work, please list here:</p> <p>_____</p> <p>_____</p>

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

\_\_\_\_ NO

\_\_\_\_ YES. My family has moved within the past 3 years. Indicate how long ago below.

\_\_\_\_\_ Years

\_\_\_\_\_ Months

\_\_\_\_\_ Weeks

If you answered "Yes" to question 1, please complete the information below. A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Language \_\_\_\_\_

Email Address \_\_\_\_\_

Best Day of Week and Time to Call \_\_\_\_\_

**For School Use Only:** Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through [tn.msedd.com](mailto:tn.msedd.com). If you have any questions, email the TN MEP ID&R Team: [ldr@tn-mep.net](mailto:ldr@tn-mep.net)

Student State ID: \_\_\_\_\_

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

District ID: \_\_\_\_\_



## NOTICE

IF YOU HAVE A CHILD WITH A CHRONIC HEALTH CONDITION YOU WILL NEED TO NOTIFY THE NURSE IF ANY SPECIAL CARE OR MEDICATION IS NEEDED.

IF YOUR CHILD HAS ASTHMA, SEVERE ALLERGIES, OR SEIZURES, YOU WILL NEED TO CONTACT THE NURSE.

IF YOUR CHILD NEEDS TO CARRY THEIR MEDICATION, SUCH AS INHALERS, AND/OR EPIPENS, YOU WILL NEED TO CONTACT THE NURSE TO RECEIVE THE PROPER PAPERWORK FOR THE CHILD TO BE ABLE TO CARRY THAT MEDICATION ON SCHOOL PROPERTY. THIS PAPERWORK MUST BE RENEWED AT LEAST ANNUALLY.

NO MEDICATION WILL BE GIVEN AT THE SCHOOL UNLESS PROVIDED BY THE PARENT(S)/ GUARDIAN.

ALL MEDICATION MUST BE DELIVERED TO THE PRINCIPAL'S OFFICE IN PERSON BY THE PARENT/GUARDIAN OF THE STUDENT OR A RESPONSIBLE ADULT.

ALL MEDICATIONS TO BE ADMINISTERED MUST BE RENEWED AT LEAST ANNUALLY.

PLEASE BE SURE TO READ THE MEDICATION POLICY IN YOUR CHILD'S HANDBOOK OR ON-LINE.



# Student Health History Form

(To be completed by parent /guardian)

The information provided is confidential and is necessary for the health and safety of the students to assist in promoting optimal healthcare

Name of student \_\_\_\_\_  
Last
First
Middle

Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Disease/Disorder History or Illness: (Please check each box with yes or no)

	Yes	No		Yes	No
Allergies to Medication <i>*if yes, see back of form*</i> Allergic to: _____			Eating Disorder If yes, type of disorder _____		
Allergies to Food <i>*if yes, see back of form*</i> Allergic to: _____			Endocrine Disorder (ex. Thyroid Disease) If yes, type of disorder _____		
Allergies to Insect Stings <i>*if yes, see back of form*</i> Allergic to: _____			Head or Spinal Injury If yes, please explain _____		
Allergies to Latex <i>*if yes, see back of form*</i>			Headaches/ Migraines		
Allergies to Environment <i>*if yes, see back of form*</i> Allergic to: _____			Hearing Problems If yes, does student wear hearing aid? Yes/No (circle)		
Allergies to Other <i>*if yes, see back of form*</i> Allergic to: _____			Heart Defect or Disease If yes, type of disorder _____		
Asthma			Hepatitis or Liver Problem		
Autism/ Asperger's			Hypertension		
ADD/ADHD If yes, does student take medication? Yes/No (circle)			Immune System Disorder If yes, type of disorder _____		
Bleeding/ Clotting Disorder If yes, type of disorder _____			Mobility Limitation If yes, type of limitation _____		
Bone/ Joint/ Muscular Disorder If yes, type of disorder _____			Psychological/ Emotional Disorder (Anxiety, Depression, etc) If yes, type of disorder _____		
Cancer			Scoliosis		
Convulsions/ Epilepsy/ Seizures <i>*if yes, see back of form*</i>			Skin Condition If yes, type of condition _____		
Developmental Disorder If yes, type of disorder _____			Speech Disorder If yes, type of disorder _____		
Diabetes <i>*if yes, see back of form*</i>			Urinary/ Bladder/ Kidney Disorder If yes, type of disorder _____		
Dietary Restriction If yes, type of restriction _____			Vision/Eye Disorder If yes, type of disorder _____		
Digestive/ Bowel Disorder If yes, type of disorder _____			Other- Please Explain: _____ _____		

Disease/Disorder History or Illness: (cont)

My child is currently under a doctor's care for Asthma: \_\_\_ Yes \_\_\_ No

If yes, medications/ inhalers prescribed: \_\_\_\_\_  
\_\_\_\_\_

My child is currently under a doctor's care for a Severe Allergy to: \_\_\_\_\_

Please describe the allergic reaction: \_\_\_\_\_

Epi-Pen prescribed: \_\_\_ Yes \_\_\_ No

My child is currently under a doctor's care for Diabetes: \_\_\_ Type 1 \_\_\_ Type 2

A *Diabetic Medical Management Plan* will need to be completed each school year by the doctor to ensure a safe school environment for your child.

My child is under a doctor's care for Seizures: \_\_\_ Yes \_\_\_ No

If yes, describe type of seizure (Grand Mal, Petit Mal, Absence, etc): \_\_\_\_\_  
\_\_\_\_\_

Medications for seizure control: \_\_\_\_\_  
\_\_\_\_\_

MEDICATION HISTORY:

Does your child take medication on a daily basis (including homeopathic and nutritional supplements)? \_\_\_ Yes \_\_\_ No

If yes, Please list all medications taken and what the medication/supplement is for: \_\_\_\_\_  
\_\_\_\_\_

*\*If your child will be taking medication at school, a separate form will need to be filled out. This form is available on the school's website or at your school's clinic. Please refer to the medication policy (found on the school's website) before bringing any medications to school.*

MISCELLANEOUS:

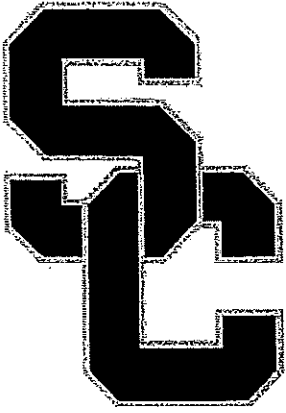
Please list any condition and/or restrictions that your child may have which might limit his/her activities in school. Please include any comments that you feel might be helpful: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Yes \_\_\_ No **CONSENT TO SHARE INFORMATION:** The school nurse and/or health aide has my permission to share my child's confidential health information, on a need-to-know basis, with appropriate members of the educational staff and primary healthcare providers for use in meeting the educational and health needs of my student. The consent includes the sharing of personally identifiable health record information during immunization and communicable disease surveillance.

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

Thank you for completing this form





# STEWART COUNTY SCHOOL SYSTEM

1031 Spring Street • P.O. Box 433 • Dover, Tennessee 37058

Phone: 931-232-5176 • Fax: 931-232-5390

Mike Craig, Director of Schools

October 1, 2025

Dear Parent or Guardian:

Each year, the Stewart County School System (SCSS) is eligible to apply for Federal Impact Aid grant funds. Impact Aid is a federal formula grant program designed to assist local school districts that enroll federally-connected students. Federal-connected students are defined as children of active duty uniformed services personnel, children who live on feral property or federally subsidized housing units, and children whose parents/guardians are employed on eligible federal properties. This includes contractors working on federal reservations and Non-Appropriated Fund employees.

The funds SCSS collect are a vital part of the school system's general operating budget and are critical to helping all students. This year we are working with our local federal partners and we need your assistance to identify students with federal, military, and diplomatic connections to ensure SCSS is able to obtain its share from this program. If you believe your child qualifies as federally-connected, please complete the Student-Parent Survey for Federal Impact Aid form on the reverse side of this letter for each school-aged student in your household. Please sign and date the form and return the survey to your child's school, folded in half and stapled once or taped no later than Wednesday, October 1, 2025. All information provided will be treated confidentially.

If you have any questions please contact the Stewart County Board of Education at 931-232-5176. Thank you in advance for your time and consideration with this matter.

Sincerely,

Mike Craig

Director of Stewart County Schools

**OUR MISSION: QUALITY EDUCATION FOR ALL**

**BOARD MEMBERS: Gary Dacus, Chairman**

**Darrell Gillum \* Brent Shelton \* Lesa Fitzhugh \* Adam Lamb \* Lana Sanders \* Kyle Possoit**

## Impact Aid Program Survey Form

The survey date is 10-1-25

**All boxes must be filled in with complete information if applicable**

### STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address			City		State
Zip Code					
If the above property is a federal property, enter the name of the property.		Name of federal property			

Fill in the above boxes with complete and accurate information

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer		
Address of Parent/Guardian's Employer		City	State	Zip Code
Name of federal property				
Address of federal property		City	State	Zip Code

Fill in the above boxes with complete and accurate information

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
-----------------------------	---------------------	-------------------	------

Fill in the above boxes with complete and accurate information

### PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

Fill in the above boxes with complete and accurate information

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

**\* By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→ Signature of Parent/Guardian \_\_\_\_\_ → Date \_\_\_\_\_

# Pre-K Handbook Acknowledgement

Please complete and return to your child's teacher.

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

I have read and understand the Pre-Kindergarten Policies as stated in the Stewart County School System's Pre-Kindergarten Handbook.

I have received a copy of the School's Handbook and understand I must follow those policies.

I received a copy of the Teacher's Classroom Rules.

I had the opportunity to view the Teaching About Touching Curriculum.

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

Parent(s)/Guardian(s)' Signature: \_\_\_\_\_







**Voluntary  
Pre-Kindergarten  
Handbook**

# Welcome to Pre-Kindergarten

## DES Staff

Tina Conley



Abi Carter



## NSES Staff

Joy Avila



Holli Riner



Pre-K classrooms are designed for learning and fun! Most Pre-K students will develop social skills, better language skills, and have fewer behavioral problems when they enter Kindergarten. Stewart County School System's Pre-K program works in partnership with families and the community to provide a high quality and developmentally appropriate early childhood education program that provides respect, nurturing, guidance, and developmentally sound learning experiences.

### **Calendar**

Pre-K will follow the same schedule as the school calendar posted on <https://stewartcountyschools.net> . The first two weeks will be staggered with small groups and your child's teacher will let you know when your child comes on those days.

### **Curriculum**

Daily lesson plans are designed around the Tennessee Early Learning Development Standards (TN-ELDS). These standards are written to provide high quality, developmentally appropriate early learning experiences for children before they begin kindergarten. TN-ELDS Developmental Standards for Four Year-Olds can be found at:

<https://www.tn.gov/education/instruction/academic-standards/early-learning-development-standards.html> .

### **Centers**

Young children learn best through active play. The classroom is set up with various centers that relate to curriculum units and themes and connected to the TN-ELDS. The Pre-K classroom enhances your child's curiosity and desire to learn through participation in diverse large and small group activities. Your student will learn to count, sort, and order their world through assembling puzzles, building with blocks, and using other manipulative items. The art and writing centers offer children the joy of creative self-expression. In the dramatic play area, your child will "try on" different roles. Your child will experience the excitement and wonder of books through interactive story time and in the quiet of library time. Through interactions with teachers and peers, your child will develop social skills and a sense of self-worth. The pre-k setting, designed and orchestrated by licensed teachers , will help your child develop skills for success in school.

## **Clothing**

Active indoor and outdoor play is a regular part of our school day. Please dress your child in clothing that is suitable for running, climbing, and other vigorous activities. Tennis shoes are required for the gym. We suggest if your child wears a dress that they wear shorts underneath it. Parents will need to send a change of clothing to be left at school in case of an accident. Label clothing and put in a large zip lock bag with the child's name written on it. You may also want to keep extra seasonal clothes in your child's backpack

## **Health and Medication**

Your school should be notified of any medical conditions, including allergies and asthma. Please make sure you speak with the school nurse to discuss your child's medical needs. Any medication your child needs must be handled in the nurse's office. The nurse will maintain a log of medications given to each student. The appropriate paperwork must be completed before medicine can be administered. If over the counter medicine must be taken a new sealed bottle must be brought to the school. Students CANNOT carry their medications to school; a parent MUST deliver them.

If your child is sick and the nurse has to send him/her home, be prepared for someone to pick them up on short notice.

## **Arrival**

School starts at 7:45 and ends at 2:45. Pre-K will eat breakfast after school starts. They can not be dropped off earlier than 7:10.

## **Late Arrival**

It is very important for your child to arrive on time each morning. As we are an early childhood education program and not a childcare center, our staff creates very in-depth lesson plans for each day. It is unfortunate when your child misses out on those exciting activities. Tardiness is an undesirable habit for lifelong school attendance. Students that arrive after 7:45 are considered late and must go to the office to sign in.

## **Meals**

As Title I schools, Pre-K meals are free for our families. Your child will also be provided a snack in the afternoon.

## **Food and Drinks**

If you send in food and/or drinks for birthday parties or special events, they must be purchased and sealed.



# Transportation

## **Bus Riders:**

Students riding the buses will be dropped off at the classroom door and met by a member of the Pre-K staff who will sign them in. Bus riders will be escorted to their bus by a Pre-K staff member at the end of the day. Please be sure that the person or persons indicated on the Pre-K transportation form will be meeting your child. A Pre-K student will not be dropped off if a parent/guardian is not present to meet the child. The student's home school will be contacted and arrangements will be made to bring the student back to school. Bus Drivers will keep a log of all Pre-K students riding their bus and turn them in once a month.

It is very important that your child is not left waiting for his or her ride in the afternoon, as this can be very upsetting for a child. A written note is required in advance if your child is to be met by anyone other than the parent or those indicated on the emergency contact list.

## **Car Riders:**

Parents may drop off their child in the car rider line if a school employee is meeting them. Remember they can not arrive before 7:10. In the afternoon, your child will be escorted to the car rider line by a school employee. **Only those persons designated on the PreK transportation plan or on the child's emergency contact list may pick up your child.**

Children are to be picked up in the car rider lines no later than 3:05. See the school handbook for making arrangements that are not in the Transportation plan. The school reserves the right to refuse to dismiss your child to you or any designated person if they appear to be a danger to the student or themselves.

## **Release Policy**

A record of the designated individuals to whom the child may be released to from Pre-K or the bus is on file. For your child's safety, we will NOT release your child to anyone who is not listed. Changes must be made in writing. Staff may ask for photo identification of people with whom they are not familiar.

Court documents must be on file if a parent is restricted from picking up a child. If there is a custody concern, we are legally bound to honor the wishes of the parent who has legal custody. If no legal documents are on file, we must consider both parents as having equal rights of access to the child due to Tennessee law.

If a parent or authorized person arrives to pick up the child and is acting in a manner that may place the child at immediate risk of harm, expect the staff to question the appropriateness of releasing the child. The staff may hold the child until more suitable transportation can be arranged. For example, staff will not release a child to someone who is obviously under the influence of alcohol or drugs.

School administrators will be notified immediately, and appropriate authorities will be contacted.

### **Toys**

Please do not send any toys from home except on designated special days.

### **Discipline Policy**

Discipline is an attitude that begins at home, is reinforced, at school, and is applied throughout one's life. The policies and procedures concerning discipline are designed to promote the safety, health, and well-being of each child. The development of self-discipline, self-esteem, and responsibility is perceived as an ongoing process in a child's growth, and is an integral part of school success. Children are encouraged to problem-solve and cooperate. Positive behavior in the class will be encouraged through modeling, reinforcement, redirecting, and the use of alternate activities. A meeting with you and your child's teacher may be necessary to address behavioral issues. Excessive behavior problems will lead to a meeting and collaboration with the child's parent(s)/guardian(s), teacher, and school behavioral team to resolve the behavior.

### **VPK Attendance Policy**

Young children's growth and development is maximized through consistent participation in a high-quality environment. Establishing consistent attendance routines in pre-K will increase students' chances of success in all future school experiences, K-12. With this in mind, the department has adopted this pre-K attendance guidance to help inform local pre-K attendance policies. The department will utilize this guidance when reviewing a district's request to dismiss a student due to attendance.

### **Excused Absences:**

Attendance is a key factor in student achievement, but certain situations can require a student to miss school. The following are examples of acceptable reasons for excused absences:

1. The child has a personal illness or injury;
2. The child has other ongoing health related ailments which temporarily prevent attendance;

3. The child contracts a communicable disease (virus or flu);
4. Religious observances;
5. Death in the family;
6. Limited medical/dental/therapy appointments (these should be made outside school hours unless necessary).

The department also recognizes that there are additional circumstances or emergencies that may arise. In these situations, the site-level administrator should consult their district level pre-K attendance policy and determine if the justification given by the parent/guardian provides a valid reason for the student's absence.

**Procedures:**

Each site or district should have a contact person. This is the person with whom parents can address attendance concerns. Contact information should be distributed with the district's pre-K attendance policy.

If a child has four (4) or more unexcused absences within one (1) month—the site-level administrator should contact the family and determine the child's participation status. The site-level administrator should document attempts to contact the family and the outcome of those attempts and/or communications.

If a child has five (5) or more unexcused absences in a three (3)-month period, the site-level administrator should contact the family to develop an attendance plan.

a. The attendance plan should be designed to help the family establish regular attendance or, if necessary, to plan for alternative services. The attendance plan should 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 attendance plan should:

- i. Identify the reasons for the unexcused 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.

Every effort should be made to ensure the child has access to a quality school program. However, these spots are made available through a state grant and are limited by funding. Students who have more than five (5) unexcused absences per month, or ten (10) unexcused absences in a year, may be terminated from the program for failure to

follow the district pre-k attendance policy. District-level personnel will be required to submit the mandatory dismissal documentation to the Department of Education's VPK director for approval. Districts are prohibited from dismissing a student without first implementing an attendance plan, unless there are special circumstances to be considered, such as the family moving and being unreachable after multiple attempts by the district. In these cases, the state VPK director may grant approval due to special circumstances.

Once dismissal is approved, a waiting list applicant who meets eligibility determinations for the VPK program may fill the vacant position. Future eligibility for the terminated child to re-enter the program will depend upon vacancies. The student will also be required to adhere to a 30-day waiting period and a parent conference to establish an attendance agreement. The parent/guardian will be required to fulfill the terms of the attendance agreement, or their student may be dismissed from the program.

### **Steps for Helping Children Learn at Home**

1. Read to your child every night. Ask questions and discuss the story as you read.
2. Keep lots of reading materials around your home. Take advantage of the Imagination Library. Each child can receive a book each month in your home at no cost to you.
3. Be sure your child gets 9-10 hours of sleep at night.
4. Look at everything your child brings home from school. Praise progress and effort.
5. Limit TV and video game time. Be sure what your child watches is appropriate.
6. Have conversations with your child. Listen and discuss things going on in their lives. Real conversations increase language skills.
7. Do your best to keep your child healthy. Limit the junk food they eat. The habit of washing their hands after they go to the bathroom and before they eat is important.
8. Have a positive attitude about school.
9. Remember to lead by example and always be a good role model.

### **Kid Central TN**

This website has a wealth of information for parents on health, education, and child development. That website is <https://www.kidcentraltn.com/>.

### **Keeping Kids Safe**

Keeping Kids Safe is the safety curriculum material for Voluntary PreK.

[https://www.tn.gov/content/dam/tn/human-services/documents/keeping\\_kids\\_safe\\_content\\_updated\\_wdraft\\_cover.pdf](https://www.tn.gov/content/dam/tn/human-services/documents/keeping_kids_safe_content_updated_wdraft_cover.pdf)

### **Child Abuse Warning Signals (Yellow Lights: Slow Down!)**

It is very difficult to predict who may hurt your child. No one of these factors alone predicts abuse, but they should put you on alert. When several of these signals are present in someone, the situation could be dangerous.

- Expectations too high: does not understand what is normal for small children.
- Controlling, rigid, expects others to obey without question
- Persistent negative feelings. Angry, irritable, flies into rage easily
- Isolation, loneliness, does not want you to be with your friends or extended family
- Blaming, suspicious, lacks trust
- Keeps weapons and seems interested in them
- Slams doors or throws things, and has other scary behaviors.
- Verbally/emotionally cruel
- Frequently in conflict with others inside and outside the family
- Enjoys violence in movies, TV, and so on
- History of fighting, including wrestling or prize fighting
- Poor self-esteem or exaggerated sense of what he/she deserves
- Was abused, harshly punished, or neglected as a child
- Came from a family where others were abused
- Believes in harsh punishment
- Lacks parenting information and skill
- Has had problems with the law
- Abuses alcohol or other drugs

### **Child Abuse Danger Signals (Red Lights: Stop!)**

Any ONE of these behaviors signals serious danger. Get out with your child or get him/her out right away!

- Threats - any threat of harm to you or another family member
- Other frightening behaviors, such as knocking a hole in the wall with his/her fist, thrusting a knife into a countertop, breaking things, jerking the phone from you, and so on
- Has abused others. Find out as much as you can from people who know him. Don't accept "explanations" such as "they provoked it" or "they deserved it" or "I only pushed them a little bit."
- Has abused or hurt you

If you suspect abuse has occurred, please call the Tennessee Department of Children's Services at 1-877-237-0004.

**Grievance or You are Experiencing Problems**

Parent(s)/Guardian(s) are encouraged to schedule conferences with the classroom teacher whenever they are experiencing child or classroom related problems. Every effort will be made to resolve the problem or, when indicated, make appropriate referrals to other helping agencies within the community. If you are not satisfied with the results of this meeting, please contact the school administrator. If still unresolved, please contact the VPK supervisor, Jacquelyn Perigen, at 931-232-5176.



# Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

FACTSHEET

June 2007

Disponible en español  
[www.childwelfare.gov/pubs/factsheets/sp\\_signs.cfm](http://www.childwelfare.gov/pubs/factsheets/sp_signs.cfm)

## Recognizing Child Abuse and Neglect: Signs and Symptoms



The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

If you do suspect a child is being harmed, reporting your suspicions may protect the child and get

### What's Inside:

- Recognizing child abuse
- Types of abuse
- Signs of physical abuse
- Signs of neglect
- Signs of sexual abuse
- Signs of emotional maltreatment

U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau



Child Welfare Information Gateway  
Children's Bureau/ACYF  
1250 Maryland Avenue, SW  
Eighth Floor  
Washington, DC 20024  
703.385.7565 or 800.394.3366  
Email: [info@childwelfare.gov](mailto:info@childwelfare.gov)  
[www.childwelfare.gov](http://www.childwelfare.gov)

help for the family. Any concerned person can report suspicions of child abuse and neglect. Some people (typically certain types of professionals) are required by law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. For more information, see the Child Welfare Information Gateway publication, *Mandatory Reporters of Child Abuse and Neglect*: [www.childwelfare.gov/systemwide/laws\\_policies/statutes/manda.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm)

For more information about where and how to file a report, contact your local child protective services agency or police department. An additional resource for information and referral is the Childhelp® National Child Abuse Hotline (800.4.A.CHILD).

## Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

### The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen

- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

### The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

### The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

## Types of Abuse

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these



types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

## Signs of Physical Abuse

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

## Signs of Neglect

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the parent or other adult caregiver:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

## Signs of Sexual Abuse

Consider the possibility of sexual abuse when the child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting

- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the parent or other adult caregiver:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

## Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the child:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development

- Has attempted suicide
- Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the parent or other adult caregiver:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

### RESOURCES ON THE CHILD WELFARE INFORMATION GATEWAY WEBSITE

Child Abuse and Neglect  
[www.childwelfare.gov/can/index.cfm](http://www.childwelfare.gov/can/index.cfm)

Defining Child Abuse and Neglect  
[www.childwelfare.gov/can/defining/](http://www.childwelfare.gov/can/defining/)

Preventing Child Abuse and Neglect  
[www.childwelfare.gov/preventing/](http://www.childwelfare.gov/preventing/)

Reporting Child Abuse and Neglect  
[www.childwelfare.gov/responding/reporting.cfm](http://www.childwelfare.gov/responding/reporting.cfm)

This factsheet was adapted, with permission, from *Recognizing Child Abuse: What Parents Should Know*. Prevent Child Abuse America. © 2003.



School-Age (K and 12 years)							1:20
13 to 18 years							1:30

2. Chart 2 - Multi-Age Grouping and Adult:Child Ratio Chart

Maximum Group Size and Adult:Child Ratio							
Multi-Age Grouping	8	16	18	20	22	24	No Max
Infants/Toddlers: 6 wks. – 30 mos.	1:5						
2-4 years		1:8					
2.5 - 3 years (30 – 47 mos.)			1:9				
2.5 - 5 years				1:11			
2.5 – 12 years	1:10						
3 – 5 years (includes 3 – 4years)					1:13		
4 - 5 years						1:16	
5 - 12 years							1:20
13 to 18 years							1:30

3. Staff, Chapter Section 0520-12-01-.07

A. Responsibility for Staff and General Staff Qualifications:

- The director shall be responsible for the day to day operations, including staff and program.
- An assistant director or other staff member shall be designated to be in charge in the absence of the director and all staff shall be notified of this designation.
- No individual with a prohibited criminal history may work, substitute or volunteer in a program
- Staff must have knowledge of child behavior and development.
- Staff must be physically, mentally and emotionally stable.
- All new employees must have orientation and child abuse prevention training before working with the children.
- The director must have High School Diploma (or Department recognized equivalent), and Tennessee Early Childhood Training Alliance (TECTA) certificate for completing thirty (30) clock hours of orientation training, or the equivalent as recognized by the Department and 4 years experience working with children.
- All caregivers must be 18 years of age and one caregiver in each group must have a high school diploma.
- Directors must have 18 clock hours in-service training each year and caregivers 12 clock hours.

4. Equipment for Children, Chapter Section 0520-12-01-.08

- All indoor and outdoor equipment shall be well made, safe and kept clean.
- There must be developmentally appropriate equipment for all age groups with variety.
- Children must have a place for their belongings.
- Large pieces of equipment must be secured.
- Infants are to have space to climb, crawl and pull up without the restraint of playpens or cribs.
- There must be enough equipment so children have choices.
- There shall be an outdoor play area when children are in care for 3 or more daylight hours.
- Children up to 5 years of age must be offered a naptime if in care for 6 or more hours.
- There shall be equipment for napping or sleeping for each preschool child who is in care for six (6) hours or more.
- For napping children, cots or 2 inch mats must be provided and each child must have a cover to place under them and another available to place over them.
- Infants must have individual cribs with open tops.

5. Program, Chapter Section 0520-12-01-.09

A. Schedule and Routines.

- Routines such as snacks, meals, and rest shall occur at approximately the same time each day.
- There shall be a balance between child's choice and adult-directed activities.
- Other activity choices shall be available to children during television/movie viewing or computer use.

- Parents shall be informed of movie showings and video/computer games and their ratings.
- Computers, if used, shall be located in view of a caregiver for monitoring purposes.
- An opportunity for outdoor play shall be extended to children of all ages who are in care more than three (3) daylight hours; 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.
- A reclining rest period of at least one (1) hour shall be provided for all preschool children in care for six (6) hours or more.
- Each child shall be allowed to form his own patterns of sleep.

#### **B. Behavior Management and Guidance.**

- Spanking or any other type of corporal punishment is prohibited. ("Corporal punishment" is the infliction of bodily pain as a penalty for behavior of which the punisher disapproves.)
- Praise and encouragement of good behavior shall be used.
- When a child is engaging in unacceptable behavior the caregiver shall, prior to disciplining the child, first distract the child's attention and substitute a desirable activity.
- Attention spans and skills of children shall be considered so that caregivers do not require children to engage in developmentally inappropriate behavior.
- Toilet training shall never be started until a child has been in the program long enough to feel comfortable and is able to communicate a need to use the bathroom.

#### **C. Educational Activities**

- A daily program shall provide opportunities for learning, self-expression, and participation in a variety of creative activities such as art, music, literature, dramatic play, science, and health.
- Indoor physical activities, requiring children to use both large and small muscles, shall be provided for children of each age group.
- For ages three (3) through school-age, the curriculum shall include instruction in personal safety as needed but at least once a year.

#### **D. Nighttime Care**

- If children receive night care, caretakers must provide a calm, nurturing environment and a routine hygiene plan must be in place.

### **6. Health and Safety, Chapter Section 0520-12-01-.10**

#### **A. Children's Health**

- Children's health records shall be maintained as directed under subchapter 0520-12-01-.05.
- Each child shall be immunized according to the current Department of Health guidelines unless exempted pursuant to subchapter 0520-12-01-.05(8). Programs serving non-school-age children shall maintain written policies for dis-enrollment of children who fail to comply with Department of Health immunization guidelines in a timely manner.
- Parents of every child enrolled shall be notified immediately if any communicable disease has been introduced into the program:
- Parents must be notified if their child is hurt and becomes ill.
- Medications must be labeled with instructions and must be kept under lock.
- Documentation of administration and side effects of any medication given must be kept.
- Smoking is not permitted in the presence of children.
- The diapering area must be appropriate, near hand washing lavatory and cleaned after each diaper change.

#### **B. Staff Health**

- Staff must have documentation that the staff person is capable of safely and appropriately providing care for children in a group setting. The documentation shall be on file within ten (10) calendar days of employment or starting to work.
- A statement of mental or emotional health shall be obtained from a psychiatrist or clinical psychologist when deemed necessary by the Department.
- Physicals are required every 3 years.

#### **C. Safety**

- There shall be a staff member present at all times who has current certification in CPR and first aid training.
- A first aid kit must be on the premises as well as a first aid chart.

- There shall be no firearms on the premises.
- Emergency telephone numbers shall be posted next to all telephones and be readily available to any staff member.
- Kitchen knives and other potentially dangerous utensils or tools shall be secured so that they are not accessible to children.

**7. Food, Chapter Section 0520-12-01-.11**

**A. Nutritional Needs**

- Children will receive meals and snacks based on the amount of time spent in the program.
- Menus must be posted.
- Consideration must be given to daily food requirements when planning menu.
- Special diets and instructions must be provided in writing.
- New foods shall be introduced to infants and toddlers one at a time over a five (5) to seven (7) day period with parent's approval.
- Parents and caregivers shall work together when weaning an infant to insure consistency in the weaning process. Weaning shall be delayed until after an infant adjusts to group care.

**B. Meal Service**

- At mealtime, children shall be seated at appropriately sized tables and chairs, and adults shall supervise them in accordance with subsection 0520-12-01-.06(1)(d).
- Milk shall be placed immediately in the refrigerator.
- All formulas remaining in bottles after feeding shall be discarded.
- 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.
- Infants shall be held while being fed as long as they are unable to sit in a high chair, an infant seat, or at the table.

**8. Physical Facilities, Chapter Section 0520-12-1-.12**

- All facilities shall annually pass an inspection verifying compliance with all applicable state and local fire and environmental requirements.
- There shall be a working telephone in the center.
- A minimum of thirty (30) square feet of usable indoor play space shall 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.

**9. Care of Children with Special Needs, Chapter Section 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.
- 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.

**10. After School Programs serving Adolescents Chapter Section 0520-12-01-.15**

- Rules are modified to meet the appropriate developmental stages of the adolescent regarding staff ratios and supervision as well as activities appropriate for this age group.

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



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