

HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 Highway 149
Erin, Tennessee 37061



Permission to Obtain or Release Confidential Information

I, _____, give Highland Rim Head Start permission to obtain or release confidential information from various agencies or individuals regarding my child, _____.

My consent, unless revoked in writing, is valid through **June 30, 2021**.

Information that may be requested or released may include, but is not limited to, the following:

Physical Exam/Records	Dental Exam/Records
Lab/X-ray Results	Immunization Records
Developmental Assessment	Screening Results
Birth Certificate	Individual Education Plan
Health Insurance Card	Mental Health Records
Individual Family Service Plan	
Others as necessary	

Signature of Parent/Guardian

Signature of Head Start Staff

Relationship to Child

Date

HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 Highway 149
Erin, Tennessee 37061



Program Permission Form

Child's Name: _____

Center: _____

I HEREBY GIVE MY PERMISSION for my child to receive the examinations and services checked below. I understand that I will be notified in advance of the date and place of health services and that I may attend. I understand that I will be notified of the results of all screenings and assessments. I understand that all screenings will be provided free of charge to Head Start children. Head Start Funds may be used for professional medical and dental services when no other source of funding is available.

<u>Service</u>	<u>Yes</u>	<u>No</u>
Dental Exam/Fluoride	___	___
Hearing Screening	___	___
Vision Screening	___	___
Speech/Language Screening	___	___
Developmental Assessment	___	___
Social Emotional Screening	___	___
Mental Health Consultant Observation	___	___

IN ADDITION, I GIVE MY PERMISSION for the following: Yes No

For my child to participate in field trips. ___ ___

For my child to be transported by Head Start staff to participate in any Head Start activity. ___ ___

For my child's photo/video to be taken as approved and supervised by Head Start Staff. (some pictures may be included on in-house publications and on social media sites) ___ ___

Consent for Child's Emergency Medical/Dental Treatment

I, _____, hereby give my consent for needed emergency medical or dental treatment of the child listed below by any licensed physician or dentist while under the care of Highland Rim Head Start and for the transport of the child to and from the source of emergency treatment. This care may include examinations and any test which, in the opinion of the physician or dentist, are deemed necessary or advisable. This does not include the right to perform surgical operations without my consent, except in the case of an emergency when, after an effort has been made to locate me, I am found to be unavailable. This consent is valid for the time period my child is enrolled in the Head Start Program.

The above items have been explained to me. To the best of my knowledge, I have answered all the items correctly. I understand that I will be given advance notice before my child participates in any of the above activities.

Signature of Parent/Guardian

Signature of Head Start Staff

Date

Date

Highland Rim Head Start Family Partnership Agreement

The Family Partnership Agreement is an ongoing opportunity for your family to build a positive relationship with the program staff on a volunteer basis, while identifying your family's goals and planning strategies for achieving those goals. This Family Partnership Agreement is a goal-setting process throughout the program year. Your family advocate will meet with your family periodically to complete and follow-up with this agreement either in the home, center, or community location depending on your preference.



Students Name: «Childs Name»

Parents Name: «Parent Name»

Center: «Center»

_____ I agree to participate in the Family Partnership Agreement.

_____ I do not wish to participate in the Family Partnership Agreement at this time. I understand that if in the future, I would like to participate, I will be free to do so, and that my decision to not participate does not in anyway exclude me from receiving Head Start Family Services.

Parent Signature _____

Date _____

Parents Name: _____

Child's Name: _____

Family Needs Assessment

We are here to assist you with information, resources, referrals, and opportunities for training. Please let us know how we can support your needs and interests.

Do you have any emergencies or need any immediate crisis assistance in the following areas? (Check all that apply)

- Food: (Nutrition, Pyramid, Safety, Labeling)
- Clothing:
- Utilities Assistance:
- Homelessness/Shelter:
- Counseling:
- Domestic Violence:
- Child Abuse/Neglect:
- Alcohol/Drug Abuse:
- None at this time:**

Family and Personal Needs. Do you need any of the following? (Check all that apply)

- Health Care Access/Health Insurance:
- Child Support Assistance:
- Foster Care Resources:
- Father Engagement:
- English as a Second Language:
- Food Programs (Food Stamps/WIC)
- Employment Resources (Internet Access, Job Applications, Unemployment Benefits):
- Continuing Education (High School Diploma, GED, College, Career Technical Education):
- Budgeting/Savings:
- Parenting Skills and Education (Stages of Development, Home Safety):
- Housing:
- Health Education (Prenatal, Dental, CPR/First Aid, Communicable Diseases):
- Assistance to Families of Incarcerated:
- Other: _____

If a bus service was offered at your child's Head Start center, would you utilize this resource?
Door to door bus service would not be offered. Meeting points would be determined based on need.

YES / NO

Office Use Only		
Date Completed: _____	Needs Identified: YES / NO	Resources Provided: YES / NO
Comments: _____ _____		
Staff Initials: _____		

ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE

Highland Rim Economic Corporation
Name of Child Care Facility

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued on September 1, 2004, by the U.S. Department of Agriculture. The Addendum will be valid for one calendar year following the date of the parent's or guardian's signature.

Participant Name: _____

Normal Days of Care (Circle as Appropriate):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Normal Hours of Care during School Year: 8am to 2pm
_____ to _____

Normal Hours of Care during summer: _____ to _____
(Through end of June only) _____ to _____

Participant Meals (Circle as Appropriate):

Breakfast AM Supplement Lunch
PM Supplement Supper Evening Supplement

Parent/Guardian Name: _____

Parent/Guardian Daytime Telephone Number: Area Code: _____ Number: _____

Signature of Parent/Guardian

Date of Signature



STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

PERSONAL SAFETY CURRICULUM NOTIFICATION FORM

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

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

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

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

Keeping Kid's Safe

Child's Name: _____

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

Our agency uses another personal safety curriculum described below

Method of Instruction: Each classroom at Highland Rim Head Start has a "Keeping Kids Safe" curriculum binder that includes a variety of stories, activities, and puppets to utilize when teaching this safety curriculum to the children.

Sample Terminology: The terminology used when teaching the safety curriculum must be voted on by the parents/guardians. If your child is 4 years of age, would you prefer "private body parts", or the anatomically correct term of the body part to be used? (Please circle the one you prefer). *3 Year olds will be taught "private body parts"*

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

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

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date

Child's Name:

DOB:

Center/Classroom:

Health History

Physical, Psychological, and Social Development

Does your child have a Primary Care Physician and Dentist? Dr. _____ Dentist _____

Does your child have Insurance? Medical _____ Dental _____

Has your child ever been hospitalized or operated on? **Yes or No** Explain: _____

Has your child ever had a serious accident injury? I.e. Broken Bone? **Yes or No** Explain: _____

Does your child have any problems with ears/hearing? **Yes or No Explain:** _____

Has your child ever had a convulsion/seizure? **Yes or No**

If yes, was seizure/convulsion related to high fever? **Yes or No** Date last occurred: _____

Is the child under doctor's care for Asthma? **Yes or No** Type of Medication Prescribed: _____

Is your child on any medications that would be needed at school? **Yes or No**

Type of Medication: _____ Reason for medication: _____

Does the child or any immediate family members have any of the following health concerns, specify which: **Yes or No**

Asthma Diabetes Liver Disease Bleeding Tendencies Heart/Blood Vessel Disease Sickle Cell Disease Chronic Condition Other
(explain): _____

Does your child have frequent: Urinary infections or trouble urinating or stomach pain, vomiting, diarrhea? **Yes or No**

Are there any conditions/treatment/care that has not been discussed that may affect your child while at school? (i.e. premature birth < 4lbs or born addicted to a substance) **Yes or No**

If yes explain: _____

Does your child have a diagnosed disability, with an IEP/IFSP? **Yes or No**

Provide copies of IEP/IFSP, or any documentation regarding diagnosis

Is your child toilet trained? **Yes or No**

Does your child need help with using the restroom? **Yes or No**

If yes explain: _____

Do you give permission for Head Start Staff to assist your child in toilet training? **Yes or No**

How does your child respond to adults he/she does not know?

Shy Friendly Open to anyone Cowards or Hides behind parent Warms up with time

Other: _____

Does your child have any difficulties saying what he/she wants to do or do you have any trouble understanding your child?

Yes or No

If yes explain: _____

Have there been any recent changes or problems in your child's life that may affect your child's behavior? **Yes or No**

If yes explain: _____

Do you have any concerns regarding your child's behavior? **Yes or No**

If yes explain: _____

Child's Name:

DOB:

Center/Classroom:

Nutrition

How would you describe your child's appetite? **Good** **Fair** **Poor**

Any recent changes in appetite? **Yes or No**

If yes explain: _____

How does your child react when introduced to new foods? **Willing to try anything** **Refuses to try anything new**
Other: _____

Does your child choke or gag on food? **Yes or No**

If yes explain: _____

Does your child eat things that are not food? **Yes or No**

If yes explain: _____

Is your child on a special diet due to religious/medical reasons? **Yes or No**

If yes explain: _____

Is your child diagnosed with a **Food Allergy** or any **Non Food Allergies**? **Yes or No**

If yes explain allergic reaction:

Is an EpiPen (Epinephrine Auto Injector) prescribed? **Yes or No**

Does your child feed him/herself? **Yes or No** If yes, how? Eats with fingers ___ Uses fork/spoon ___ Uses regular cup/glass ___

Parent/Guardian Signature: _____ **Date:** _____

Head Start Staff Signature: _____ **Date:** _____

*****If your child will be needing medication while at school (this includes Inhaler or EpiPen), an Individualized Health Action Plan must be completed and signed by the child's medical doctor, parent/guardian, teacher, and Health Service Manager before attending school.*****

***** If your child has a food allergy, a Special Diet Request Form must be completed and signed by the child's medical doctor and submitted to your Family Advocate before child attends school so that accommodations may be made.*****



The Flu:

A Guide For Parents

FLU INFORMATION

What is the flu?

Influenza (the flu) is an infection of the nose, throat, and lungs caused by influenza viruses. There are many different influenza viruses that are constantly changing. Flu viruses cause illness, hospital stays and deaths in the United States each year.

The flu can be very dangerous for children. Each year about 20,000 children younger than 5 years old are hospitalized from flu complications, like pneumonia.

How serious is the flu?

Flu illness can vary from mild to severe. While the flu can be serious even in people who are otherwise healthy, it can be especially dangerous for young children and children of any age who have certain long-term health conditions, including asthma (even mild or controlled), neurological and neurodevelopmental conditions, chronic lung disease, heart disease, blood disorders, endocrine disorders (such as diabetes), kidney, liver, and metabolic disorders, and weakened immune systems due to disease or medication.

Children with these conditions and children who are receiving long-term aspirin therapy can have severe illness from the flu.

How does the flu spread?

Most experts believe that flu viruses spread mainly by droplets made when people with the flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get the flu by touching something that has flu virus on it and then touching their own mouth, eyes or nose.

What are the symptoms of the flu?

Symptoms of the flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue and sometimes vomiting and diarrhea (more common in children than adults). Some people with the flu will not have a fever.

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

People with the flu may be able to infect others by shedding virus from 1 day before getting sick to 5 to 7 days after. However, children and people with weakened immune systems can shed virus for longer, and may be still contagious past 5 to 7 days of flu illness, especially if they still have symptoms.

PROTECT YOUR CHILD

How can I protect my child against the flu?

To protect against the flu, the first and most important thing you can do is to get a flu vaccine for yourself and your child.

- ▶ Vaccination is recommended for everyone 6 months and older.
- ▶ It's especially important that young children and children with long term health conditions get vaccinated. (See list of conditions in "How serious is the flu?")
- ▶ Caregivers of children with health conditions or of children younger than 6 months old should get vaccinated. (Babies younger than 6 months are too young to be vaccinated themselves.)
- ▶ Another way to protect babies is to vaccinate pregnant women. Research shows that flu vaccination gives some protection to the baby both while the woman is pregnant and for up to 6 months after the baby is born.

Flu vaccine is updated annually to protect against the flu viruses that research indicates are most likely to cause illness during the upcoming flu season. Flu vaccines are made using strict safety and production measures. Over the years, millions of flu vaccines have been given in the United States with a very good safety record.



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

Is there a medicine to treat the flu?

Antiviral drugs are prescription medicines that can be used to treat and prevent influenza illness. They can make people feel better and get better sooner. Antivirals can mean the difference between having milder illness instead of very serious illness that could result in a hospital stay. Antiviral drugs are different from antibiotics, which fight against bacterial infections. They work best when started during the first 2 days of illness. It's very important that antiviral drugs are used early to treat the flu in people who are very sick (for example, people who are in the hospital) or who are at high risk of having serious flu complications. Other people with flu illness may also benefit from taking antiviral drugs. These drugs can be given to children and pregnant women.

What are some of the other ways I can protect my child against the flu?

In addition to getting vaccinated, you and your children can take everyday steps to help prevent the spread of germs.

These include:

- ▶ Stay away from people who are sick.
- ▶ If your child is sick with flu-like illness, try to keep him or her in a separate room from others in the household, if possible.
- ▶ CDC recommends that your sick child stay home for at least 24 hours after his or her fever is gone except to get medical care or for other necessities. The fever should be gone without the use of a fever-reducing medicine.
- ▶ Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue in the trash after it has been used.
- ▶ Wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- ▶ Avoid touching your eyes, nose and mouth. Germs spread this way.
- ▶ Clean and disinfect hard surfaces and objects that may be contaminated with germs, including bathroom surfaces, kitchen counters and toys for children. Clean by wiping them down with a household disinfectant according to directions on the product label.



These everyday steps are a good way to reduce your chances of getting sick. However, a yearly flu vaccine is the best protection against flu illness.

IF YOUR CHILD IS SICK

What can I do if my child gets sick?

Talk to your doctor early if you are worried about your child's illness.

Make sure your child gets plenty of rest and drinks enough fluids. If your child is 5 years and older and does not have other health problems and gets flu-like symptoms, including a fever and/or cough, consult your doctor as needed.

Children younger than 5 years of age – especially those younger than 2 years old – and children with certain chronic conditions, including asthma, diabetes and disorders of the brain or nervous system, at high risk of serious flu-related complications. If your child is at high risk for flu complications, call your doctor or take them to the doctor right away if they develop flu-like symptoms.

What if my child seems very sick?

Even previously healthy children can get very sick from the flu.

Make sure your child gets plenty of rest and drinks enough fluids. If your child is 5 years or older and does not have other health problems and gets flu-like symptoms, including a fever and/or cough, consult your doctor as needed:

- ▶ Fast breathing or trouble breathing
- ▶ Bluish or gray skin color
- ▶ Not drinking enough fluids (not going to the bathroom or not making as much urine as they normally do)
- ▶ Severe or persistent vomiting
- ▶ Not waking up or not interacting
- ▶ Being so irritable that the child does not want to be held
- ▶ Flu-like symptoms improve but then return with fever and worse cough
- ▶ Has other conditions (like heart or lung disease, diabetes, or asthma) and develops flu symptoms, including a fever and/or cough.

Can my child go to school, day care or camp if he or she is sick?

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

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

Keep your child home from school, day care or camp for at least 24 hours after their fever is gone. (The fever should be gone without the use of a fever-reducing medicine.) A fever is defined as 100°F (37.8°C) or higher.

For more information, visit www.cdc.gov/flu or www.flu.gov or call 800-CDC-INFO



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

**TELEPHONE: 615-313-4700 FAX: 615-532-9956
TTY: 1-800-270-1349
www.tn.gov/humanservices**

Influenza Information Notification Form

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

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

Signature of Parent or Legal Guardian **Date**

Signature of Parent or Legal Guardian **Date**

Signature of Agency Representative **Date**

Parent Name: _____

Child's Name: _____

Parent/Guardian Parent Meeting Topics:

The following topics may be offered during the program year according to parent/guardian interest(s). (Circle all that apply):

Child Growth and Development

Developmental Milestone (3-5 yrs)

Social-Emotional Development

School Readiness

Kindergarten Transition

Managing Challenging Behaviors

Positive Discipline

Understanding Child & Parent
Temperament

Reading with Children

Toileting Training

Other:

Family Engagement & Education

Parenting Skills

Goal Setting

Job Skills & Training

Stress & Time Management

Parents as Teachers

Grandparents Raising Children

Budgeting/Money Management

Crafts/Activities

Resume Writing/Job Readiness

Other:

Health & Safety

Child Health

Nutrition

Child Abuse Prevention

Disaster Preparedness Plan

Counseling Resources

Childproofing Your Home

First Aid/CPR

Healthy Eating & Cooking with
Children at Home

Importance of Dental Health

Other:

CODE OF CONDUCT

All HREC employees, volunteers, Policy Council members, Parent Committee members, and the Board of Directors shall:

- Maintain a standard of dress and grooming that reflect good taste and common sense;
- Present a professional, concerned, and impartial attitude with every individual seeking services;
- Not solicit nor accept gratuities, favors, or anything of monetary value from contractors or potential contractors or vendors;
- Not subject anyone to sexual harassment;
- Maintain confidentiality and protect the privacy of personally identifiable information about children and families and staff members;
- Maintain a drug free environment;
- Not profit financially through dealings with the agency (does not include staff salaries);
- Not smoke within fifty (50) feet of an agency building or around children enrolled in an agency program;
- Not allow the use of corporal punishment and total/extended isolation as disciplinary measures in Head Start;
- Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
- Not allow a child to be left alone or unsupervised while under my care;
- Use positive methods of child guidance.

Signature

Date

Highland Rim Head Start Attendance Contract

The Highland Rim Head Start program has an attendance policy that must be adhered to. Your child's regular attendance at school is needed in order for him/her to be successful in school. Children also need the consistency of schedules and routines in their lives, so attending on a regular basis is very important.

I understand that:

- My child must maintain regular attendance in the program (85% or higher).
- I must contact my child's teacher whenever my child will not be at school.
- If I do not contact my child's teacher when s/he will be absent, that absence will be documented as **UNEXCUSED**.
- My family advocate is available to support me and my family. S/he will visit with me if there are any attendance concerns for my child and will offer any support and ideas s/he can.
- If my child's attendance becomes irregular and/or becomes a continual issue, another child in need of the program **may be** served in my child's place, if a solution is not made to adhere to attendance policies.

A Head Start staff member has reviewed the enrollment packet with me and I fully understand the documents. I also understand what my role and responsibilities are as a participant in the Highland Rim Head Start program.

Parent/Guardian Signature

Date

Head Start Staff Signature

Date



Today's Activity: Play Simon Says!



ReadyRosie's modeled moments are designed to bring valuable lessons into real life situations in an engaging way for everyone.

You will receive a weekly playlist of videos that connect fun activities with serious learning opportunities. Who knew Simon Says could teach so much?!

How it works:

1

Families watch a 2 minute video from the playlist.

2

Families have fun learning and doing the activity.

3

Families can track progress and boost learning!



Ask your teacher
to connect you
to ReadyRosie!