



Oregon Certificate of Immunization Status

Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Child's Last Name Apellido	First Primer Nombre	Middle Initial Segundo Nombre	Birthdate Fecha de Nacimiento
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Mailing Address Dirección	City Ciudad	State Estado	Zip Code Codigo Postal
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Parents' Names Nombre de los padres	Home Telephone Number Número de Teléfono
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	Required Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Required Vaccines	Diphtheria/Tetanus (DTaP, DT, Td, Tdap) <input type="checkbox"/> Check here if child did not receive pertussis vaccine	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /
	Polio (IPV or OPV)	/ /	/ /	/ /	/ /	
	Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease / / (mm/dd/yy)	/ /	/ /			
	Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only	/ /	/ /			
	Mumps vaccine only	/ /	/ /			
	Rubella vaccine only	/ /	/ /			
	Hepatitis B (Hep B)	/ /	/ /	/ /		
	Haemophilus Influenzae Type B (Hib) Required only under age 5 years	/ /	/ /	/ /	/ /	

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

For school/facility use only
School/facility Name
Student ID Number
Grade

*Parent, guardian, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



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Oregon Department of Human Services, Immunization Program

Child's Last Name Apellido	First Nombre	Middle Initial Segundo Nombre	Birthdate Fecha de Nacimiento
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	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	Tetanus/Diphtheria Booster (TdaP or Td)	/ /	/ /	/ /	/ /	/ /
	Hepatitis A (Hep A)	/ /	/ /	/ /	/ /	/ /
	Pneumococcal (PCV7) (Children under 5 years)	/ /	/ /	/ /	/ /	/ /
	Meningococcal (MCV4) (Children 11-18 years)	/ /	/ /	/ /	/ /	/ /
	Other Vaccine Please specify:	/ /	/ /	/ /	/ /	/ /
	Other Vaccine Please specify:	/ /	/ /	/ /	/ /	/ /
	Other Vaccine Please specify:	/ /	/ /	/ /	/ /	/ /

For medical exemptions:
Please submit a **letter signed by a licensed physician stating:**

- Child's name
- Birth Date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature

Physician's contact information, including phone number

For Immunity Exemptions:
Please submit a **letter signed by a licensed physician stating:**

- Child's name and Birth Date
- Diagnosis or lab report
- Physician's signature

Religious exemption:
I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

Diphtheria	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	Rubella	<input type="checkbox"/>
Polio	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	Hib	<input type="checkbox"/>

Signature of Parent or Guardian Date

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____
Update Signature _____	Date _____

Tumbleweed Infant House, LLC

Child Enrollment and Authorization

Child's Name _____	Start Date _____	
Child's Nickname _____	Date of Birth _____	
<i>Allergies</i>		
<i>Any other health concerns</i>		
Parent or Guardian Contact Information		
Name (1)	Relationship	
Street Address	City _____ Zip _____	
Home phone	Cell phone	
Employer/Work Hours	Work phone	
Home email	Work email	
Name (2)	Relationship	
Street Address	City _____ Zip _____	
Home phone	Cell phone	
Employer/Work Hours	Work phone	
Home email	Work email	
Required Emergency Contact Information —person other than above listed parent or guardian who is authorized to pick up child. <i>Any individual on TIH premises must know and follow all TIH policies.</i>		
Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship
Medical Contact Information		
Insurance Provider and Policy Information (if applicable)		
Primary Physician Name	Phone	
Parent or Guardian Authorization		
<p>My child may be taken on neighborhood walking excursions under required supervision.</p> <p>My child may be photographed for publicity or news purposes (on-site).</p> <p>My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, antibacterial first aid cream, and diapering ointment. Prescription medications must be current and a permission slip is required per each medication.</p> <p>In an emergency, Tumbleweed Infant House, LLC has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.</p>		
Parent/Guardian Signature _____		Date _____
Yearly Authorization Renewal—initial and date	_____/____/____	_____/____/____

Tumbleweed Infant House, LLC

Enrollment Contract

Child's Name _____	Date of Birth _____
Enrollment	
<p>Enrollment in Tumbleweed Infant House, LLC (TIH) requires a non-refundable enrollment fee of \$200 per child. Enrollment is not guaranteed until TIH receives all paperwork (including Child Enrollment and Authorization, Enrollment Contract, Exclusion Policies, and Certification of Immunization Status), the enrollment fee (\$200), and first month's tuition (prorated if applicable).</p>	
Tuition	
<p>The monthly tuition amount is \$1300. Tuition covers care during business hours (8:00 am to 4:30 pm, Tuesday through Friday), cloth diaper use during business hours, and two snacks (after child is eating table food snacks that we provide). Tuition for the following calendar month is due in full on the 10th of the previous month. Any amount due after the 15th accrues a \$10 per day late fee. Lack of attendance for any reason (including but not limited to illness, inclement weather, or family vacation) does not reduce tuition. If prepaying six months of tuition at a time, a \$600 (approximately 7.7%) discount is given for a total amount due of \$7200. Prepaid tuition cannot be refunded. Closures due to scheduled closures (such as holidays and teacher in-service), inclement weather, power outages, staff illness, or any reasons beyond TIH control do not reduce tuition. Any child or family member remaining on the premises after 4:00 pm must have approval from a TIH owner. Without approval, a late fee of \$1 per minute accrues and is due with the next tuition payment.</p>	
Withdrawal	
<p>Withdrawal requires sixty days written notice. The withdrawal notice date is recorded as the date a TIH owner receives the notice by email or hand-delivered letter. The last month of tuition is prorated taking into account the last day based on sixty days past the withdrawal notice date. Tuition reduction or refund is not available for care prior to sixty days past the withdrawal notice date <i>unless</i> another child enrolls and pays for those days.</p>	
Termination of Services	
<p>TIH reserves the right to immediately terminate service for any of the following reasons:</p> <ul style="list-style-type: none"> • Any problems with prompt payment of tuition or fees. • Failure to follow any TIH policies, guidelines for exclusion, or contracts. • Any action by the child, parent(s) or guardian(s), or any individuals connected to the enrolled child that adversely affect TIH. 	
Parent/Guardian (1) Signature _____	Date _____
Printed Name _____ Relationship to Child _____	
Parent/Guardian (2) Signature _____	Date _____
Printed Name _____ Relationship to Child _____	
TIH Signature _____	Date _____ Position _____

Tumbleweed Infant House, LLC

Exclusion Policy

Exclusion Guidelines

In compliance with Child Care Division guidelines

(http://arcweb.sos.state.or.us/rules/OARS_400/OAR_414/414_350.html) and general practices to prevent the spread of illness, any child who poses a risk of spread of infection to others or requires more attention than available by regularly scheduled staff must be excluded from care. Tumbleweed Infant House, LLC shall not admit or retain in care any child who:

1. Is diagnosed as having or being a carrier of a child care-restrictable disease such as defined by *OAR 333-019-0010 (see below).
2. Has any of the following symptoms of illness:
 - a. Diarrhea (more than one abnormally loose, runny, watery, or bloody stool)
 - b. Vomiting
 - c. Fever over 100 degrees F
 - d. Severe cough
 - e. Unusual yellow color to skin or eyes
 - f. Skin or eye lesions or rashes that are severe, weeping, or pus-filled
 - g. Eyes with reoccurring goop or drainage (including pink eye/conjunctivitis—all redness, goop, and irritation must be gone for 24 hours, regardless of topical antibiotics; clogged tear ducts will be excepted with written confirmation from doctor)
 - h. Stiff neck and headache with one or more of the symptoms listed above
 - i. Difficult breathing or abnormal wheezing
 - j. Complaints of severe pain

A child with mild cold symptoms that do not impair her functioning may remain in care.

*To be admitted or readmitted to TIH, any child who displayed any of the above symptoms **must be symptom free for 24 hours without the aid of fever or pain reducers or other medications that may mask symptoms of potentially contagious illness.***

TIH reserves the right to require written confirmation from a doctor that a child is free of any (or a specified) illness.

Exclusion Procedures

Parent(s), guardian(s), or emergency contact(s) must only admit children are eligible to be in care and must be available for immediate pick up if symptoms arise during care.

A child who shows signs of illness during care will be isolated from other children in a location where she is still seen and heard and has access to a mat. A parent, guardian, or emergency contact will be notified for *immediate* pick up.

* OAR 333-019-0010

Imposition of Restrictions

(1) To protect the public health, persons who attend or work at schools or Child Care Facilities or who work at Health Care Facilities or Food Service Facilities shall not attend or work at these facilities whilst in a communicable stage of any restrictable diseases unless authorized to do so as hereunder specified.

(2) At all such facilities, restrictable diseases include: diphtheria, measles, *Salmonella* Typhi infection, shigellosis, Shiga-toxicogenic *Escherichia coli* (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with *Staphylococcus aureus* or *Streptococcus pyogenes*, and any illness accompanied by diarrhea or vomiting.

(3) At schools, Child Care, and Health Care Facilities, such restrictable diseases shall also include: chickenpox, pertussis, rubella, and scabies. Children in the communicable stages of hepatitis B infection may be excluded from attending school or child care if, in the opinion of the local health officer, the child poses an unusually high risk to other children (e.g., exhibits uncontrollable biting or spitting).

(4) At the discretion of local school authorities or the Local Public Health Authority, pediculosis may be considered a school-restrictable condition.

(5) Nothing in these rules prohibits the adoption of more stringent rules regarding exclusion from schools or Child Care Facilities. Such additional restrictions shall require formal certification that the disease or condition in question presents a significant public health risk in that setting. For schools, this action may be taken by the Local Public Health Authority or the local school governing body. For Child Care Facilities, this action may be taken by the Local Public Health Authority.

Signing below indicates that anyone dropping off or picking up your child will honor all TIH Exclusion Policies.

Signature and Date

Printed Name

Child's Name

Child's DOB

Tumbleweed Infant House, LLC

Family Information

Family Information may be shared with any staff working with your child. Any sections with a star (*) may be used for stories, documentation, or reference in TIH with children, staff, and families. If you would prefer that a star (*) section remain confidential (i.e. for staff only), please put an X on the star. You may skip sections if you would like for certain information to remain confidential. Please feel free to continue on the back of this paper or include additional pages if necessary.

Child's Name _____ DOB _____ Start Date _____

Your Name _____ Relationship to the Child _____ Today's Date _____

Your Child's Identity

* Your child's birth story:

* How did you choose your child's name?

* Please describe your child's personality.

What are your child's likes and dislikes?

Where is your child's favorite place to be?

Please share your thoughts on how we can best encourage the development of your child's authentic self.

Any other comments?

Care Patterns

Please describe your child's sleeping patterns—what signs does your child display when ready to sleep; when does your child usually sleep and for how long; what is involved to get to sleep or stay sleeping; does your child have any special blankets, songs, or toys for sleeping; what is the environment; what do adults do; what self-soothing techniques does your child have; etc.?

Please describe your child's eating patterns—what signs does your child display when ready to eat or finished eating; when, where, for how long, what, and how much does your child usually eat; how does your child participate in the process?

Have you tried any solids? If so, what have you tried, did your child show signs of liking or disliking the food, and what were the signs?

Does your child have any dietary restrictions or food allergies?

Does your family?

Please describe your child's diapering patterns—what kind of diapers do you use at home, how often does your child need changed, are there certain times that your child usually pees and poops, what signs does your child show when peeing or pooping (before, during, or after), how does a typical change go for your child at home (where, who, what does the adult say, how does your child participate), what signs does your child show of awareness of a diaper that needs changing, etc.?

How are you currently supporting your child's journey to being underwear ready?

How do you plan to support your child's journey to being underwear ready?

Who primarily cares for your child?

How would you describe the parenting/caring philosophy of this person?

Who else cares for your child?

How is each of these care providers different and/or the same in parenting/caring philosophies?

While your child is at TIH, who all will care for your child and when?

Have you encountered any challenging behaviors with your child? If so, what have you tried, and how did it work?

What challenging behaviors do you anticipate encountering with your child, and what approach do you plan to take?

Play

Please describe any uninterrupted play time your child has—what does your child do, how often and how long does your child have uninterrupted play time, etc.?

Please describe how you play with your child—how often, in what way, who decides how the play progresses, what do you hope to accomplish with the play, etc.?

Please describe your child's experiences with other children—how often, in what setting, with what age groups, in what ways has your child interacted with other children, etc.?

Medical Information

Has your child been injured, ill, hospitalized, or diagnosed with any disability or special need? If so, please describe.

Is your child or anyone in your family allergic to cats? (We have two here!)

Or any other pets?

Has your child experienced death or loss in any way? If so, please describe as you feel comfortable and please include the language that you use with your child about the process.

Family and Home

* Please describe your child's family--do all of these individuals live in your home, how old (in general or specific) are they, what is their relationship to your child, what does/will your child call each one, etc.?

Is anyone else significant in your child's life?

Are there any challenges with family members or significant people in your child's life that we should be aware of?

How would you describe your home from your child's perspective? If your child has more than one home, please describe both.

* Please describe your child's pets (if any)—where do they live, what are they, what does/will your child call them, how do the pets and your child interact, etc.?

Does your child watch television? If yes, how much, when, and what? If no, do you plan to have your child watch television; and if yes, at what age, how much, when, and what?

What are your child's favorite home activities?

Are there any challenges currently affecting your family? If so, how do you talk to your child about these challenges, and how might we support your child and your family through these challenges?

* What makes your family unique?

TIH

Why have you chosen TIH?

How did you hear about TIH?

* What dreams, wishes, and/or hopes do you have for your child at TIH?