Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

Freddie O'Connell, Mayor
Sanmi Areola, Ph.D.
Director of Health

Board of Health
Tené Hamilton Franklin MS, Chair
Marie R. Griffin MD MPH, Vice-Chair
Carol C. Ziegler APRN DNP NP-C APHN-BC
Rebecca Anne Whitehead (Munn) MBA
Morgan McDonald MD FACP FAAP
Heather Corum Powell
Jeffrey Stoval MD

Regular meetings of the Board of Health are scheduled on the second Thursday of each month.
To sign up for meeting updates or access advance materials, visit: https://www.nashville.gov/departments/health/boards/health-board

AGENDA

BOARD OF HEALTH MEETING
Lentz Public Health Center Board Room on the third floor
2500 Charlotte Avenue, Nashville TN 37209
4:00 p.m. – Thursday, December 11, 2025

The Board of Health may deliberate and decide any item on the agenda.

APPEAL OF DECISIONS FROM THE METROPOLITAN BOARD OF HEALTH

Pursuant to the provisions of § 2.68.030 of the Metropolitan Code of Laws, notice is hereby given that a contested case hearing before the Metropolitan Board of Health, acting as a Civil Service Commission, which affects the employment status of a civil service employee is appealable to the Chancery Court of Davidson County pursuant to the provisions of the Uniform Administrative Procedures Act. Any such appeal must be filed within sixty (60) days after the entry of the Board's final order in the matter. A common law writ of certiorari is the appropriate appeal process of any decision of the Metropolitan Board of Health that does not involve a contested case hearing affecting the employment status of a civil service employee. This appeal must be filed within sixty (60) days of the action taken by the Board. You are advised to seek your own independent legal counsel to ensure that your appeal is filed in a timely manner and that all procedural requirements are met.

BOARD OF HEALTH

1. Public Comment on Agenda Items ..... Franklin
   Note: Pursuant to T. C. A. § 8-44-12, time is reserved at the beginning of Board of Health meetings for public comment that is germane to items on the agenda. Up to five people will be allowed up to two minutes each to speak. Speakers must register within one half hour prior to the beginning of the meeting by signing their name on a physical sign-up sheet available at the entrance.
2. Community Voices ..... Franklin
   Speakers must register within one half hour prior to the beginning of the meeting by signing their name on a physical sign-up sheet available at the entrance.
3. Declarations of Conflicts/Recusals or Communiques from the Public on Agenda Items ..... Franklin
4. Deliberation of November 13, Meeting Minutes ..... Franklin
5. Employee/Team Recognition ..... Areola
6. Presentation – Oral Health Services Overview ..... Smith
7. State of Public Health ..... Areola
8. Deliberation of Memorandum Air Pollution Fees for Calendar Year 2025 ..... Finke
9. Deliberation of Grant Applications ..... Diamond
10. Deliberation of Grants and Contracts ..... Diamond
11. Report of Director ..... Areola
12. Report of Chair ..... Franklin
13. Election of Chair and Vice-Chair ..... Franklin
14. New Business ..... Franklin
    a. Board Requests of the Department b. Departmental Requests of the Board
15. Adjournment ..... Franklin

CIVIL SERVICE BOARD

1. Personnel Changes ..... Holloway
2. Adjournment ..... Franklin

Metropolitan Board of Health of Nashville and Davidson County
November 13, 2025, Regular Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 4:06 p.m. in the Lentz Public Health Center Board Room, 2500 Charlotte Avenue, Nashville, TN 37209.

Present
Tené H. Franklin, MS, Chair
Marie Griffin, MD, Member
Carol Ziegler, DNP, Member
Heather Corum Powell, Member
Sanmi Areola, Ph.D., Director of Health
Jim Diamond, MBA, Finance and Administration Bureau Director
Abigial Holloway, Interim Human Resources Manager
Rachel Franklin, Communicable Disease and Emergency Preparedness Bureau Director
Derrick Smith, JD, Metropolitan Department of Law
Erin Evans, Metro Council Member

Public Comment Period (Agenda Items)
Council Member Erin Evans approached the podium and voiced support of agenda item # 7: Deliberation on MACC Bill. She stated that Council Member Sheri Weiner is the primary sponsor and was unable to be present at the meeting. She indicated that 25 district council members are in support of the bill.

Public Comment Period (Community Voices)
There were no requests to comment.

Declarations of Conflicts/Recusals or Communiques from the Public on Agenda Items
Chair Franklin asked that Board members who may have declarations of conflict or recusal, or who had had communiques from the public on agenda items, to state such. There were none.

Deliberation of September 11, 2025, Meeting Minutes
Dr. Griffin made a motion to approve the September 11, 2025, meeting minutes as distributed. Dr. Ziegler seconded the motion, which passed unanimously.

Deliberation of October 2, 2025, Special Called Meeting Minutes
Dr. Griffin made a motion to approve the October 2, 2025, Special called meeting minutes as distributed. Ms. Corum Powell seconded the motion, which passed unanimously.

Employee/Team Recognition
Dr. Areola recognized and introduced Larry Turnley for being chosen as the September Employee of the Month. (Attachment I).
Dr. Areola shared that WIC Vendor Management Team was chosen as the September Team of the Month. (Attachment II)
Dr. Areola shared that Ben Jacobs was chosen as the October Employee of the Month. (Attachment III)

Deliberation on MACC Bill
The board discussed the proposed bill, BL2025-106, that Council Member Sheri Weiner has proposed.
Question was asked if nothing else changes with funding and facilities, how does this commission change or improve what issues have been brought up? Dr. Areola answered that he has the same question. We have Friends of MACC, Pet Community Center, etc. that we work with and what is the difference.
Chair Franklin directed the board to review the duties outlined in the bill. When she met with Council Member Sheri Weiner, she voiced her concerns and shared recommendations for the wording which has not been changed.

Chair Franklin made a motion to prepare a response to the duties outlined in a way that is amenable to the Board of Health that maintains the autonomy of the Board of Health and Director of Health. Dr. Griffin seconded the motion, which passed unanimously.

State of Public Health

Dr. Areola shared that the big news is that the Senate and House have voted to reopen the government.
The State has asked for verification of residency of citizenship that participates in our programs, including CHANT, CSS, Breast and Cervical Cancer Screening Program, and Preventive Health Clinics. This verification will impact services offered to some of our clients. Metro Legal is working on providing more clarification on current clients and incoming clients.

Deliberation of Grant Applications

There were no grant applications.

Deliberation of Grants and Contracts

Mr. Diamond presented 8 items.

1. **Subgrant Revision to Nashville Cares – Ryan White**
   Term: March 1, 2025 – February 28, 2026
   Amount: $1,621,095
2. **Subgrant Revision to We Are One Recovery – Ryan White**
   Term: Execution – February 28, 2026
   Amount: $276,202
3. **Subgrant Revision to Vanderbilt University Medical Center – Ryan White**
   Term: March 1, 2025 – February 28, 2026
   Amount: $765,882
4. **Omitted**
5. **Pass the Beauty Grant – Community Safety Initiative**
   Term: Execution + 1 year
   Amount: $48,000
6. **Contract Amendment with Lipscomb University Affiliate**
   Term: July 1, 2022 – June 30, 2027
   Amount: NA
7. **Friends of MACC Donation**
   Term: NA
   Amount: $20,930
8. **MOU with Metropolitan Development and Housing Agency – WIC Mobile**
   Term: February 1, 2026 – January 31, 2031
   Amount: NA
9. **MOU with Nashville Public Library – WIC Mobile**
   Term: February 1, 2026 – January 31, 2031
   Amount: NA
10. **Omitted**

Ms. Ziegler made a motion to approve items 1-3 and items 5-9. Dr. Griffin seconded the motion, which passed unanimously.

Report of Director

Dr. Areola referred to the update provided in the Board packet (Attachment IV) and highlighted several items therein.

Dr. Areola asked Rachel Franklin, Bureau Director of Communicable Disease and Emergency Preparedness, to give an update on the measles response. Ms. Franklin shared a PowerPoint presentation with the board that depicted the process of testing, confirmation of the test being positive, contact tracing being implemented to reach the 200+ that the person was in contact with. The board thanked Ms. Franklin and her team for what they are doing.

Dr. Areola reported that Abraham Mukolo has been selected as the new Bureau Director of Epidemiology, Strategic Performance, Policy and Evaluation and Abigail Holloway is the Interim Human Resources Director.

Report of Chair
Chair Franklin attended the NALBOH annual meeting and encouraged others to attend if able next year.

Election of Chair and Vice-Chair
Chair Franklin reported that the Chair and Vice-Chair are selected annually.
Due to only four members of the board being present, deferring this to the next meeting was discussed. Mr. Smith stated that Chair Franklin could continue as Chair until her successor is appointed or she is reappointed.

Dr. Griffin made a motion to defer the election of Chair and Vice-Chair to the December meeting. Dr. Ziegler seconded the motion, which passed unanimously.

New Business
There were no new requests.

Adjournment
Dr. Griffin made a motion to adjourn the regular meeting. Dr. Ziegler seconded the motion, which passed unanimously. The regular meeting adjourned at 5:53 p.m.

CIVIL SERVICE BOARD

Public Hearing Regarding Civil Service Rule 4.5, subsection A, subsection i, subsection b
Ms. Holloway stated that at the last meeting, Mr. Shelton had asked the Board to have a public hearing regarding Civil Service Rule 4.5, subsection A, subsection I, subsection b.

Chair Franklin opened the floor for comment. There being none, Chair Franklin closed the hearing.

Civil Service Rule 4.5, subsection A, subsection i, subsection b
Dr. Griffin made a motion to approve the Civil Service Rule 4.5, subsection A, subsection i, subsection b. Ms. Corum Powell seconded the motion, which passed unanimously.

Request for Extension of Out of Class Pay for Danielle Carter as Animal Care and Control Manager
In accordance with Civil Service Rule 4.10G, Ms. Holloway requested the Board approve the extension of out-of-class pay for Danielle Carter, whose out-of-class service as Animal Care and Control Manager will reach 100 days on November 25, 2025. She stated that interviews are being conducted and that a decision on the successful candidate will be made soon.

Dr. Smith made a motion to approve the extension of out-of-class pay for Danielle Carter, serving as interim Animal Care and Control Manager. Dr. Ziegler seconded the motion, which passed unanimously.

Personnel Changes – September 2025
Ms. Holloway referred to the September 2025 Personnel Changes.

Personnel Changes – October 2025
Ms. Holloway referred to the October 2025 Personnel Changes.

Adjournment

Chair Franklin adjourned the Civil Service Board meeting at 6:01 p.m.

Next Meeting
The next meeting of the Board of Health will be held Thursday, December 11, 2025, at the Lentz Public Health Center Board Room, 2500 Charlotte Avenue, Nashville, TN 37209.

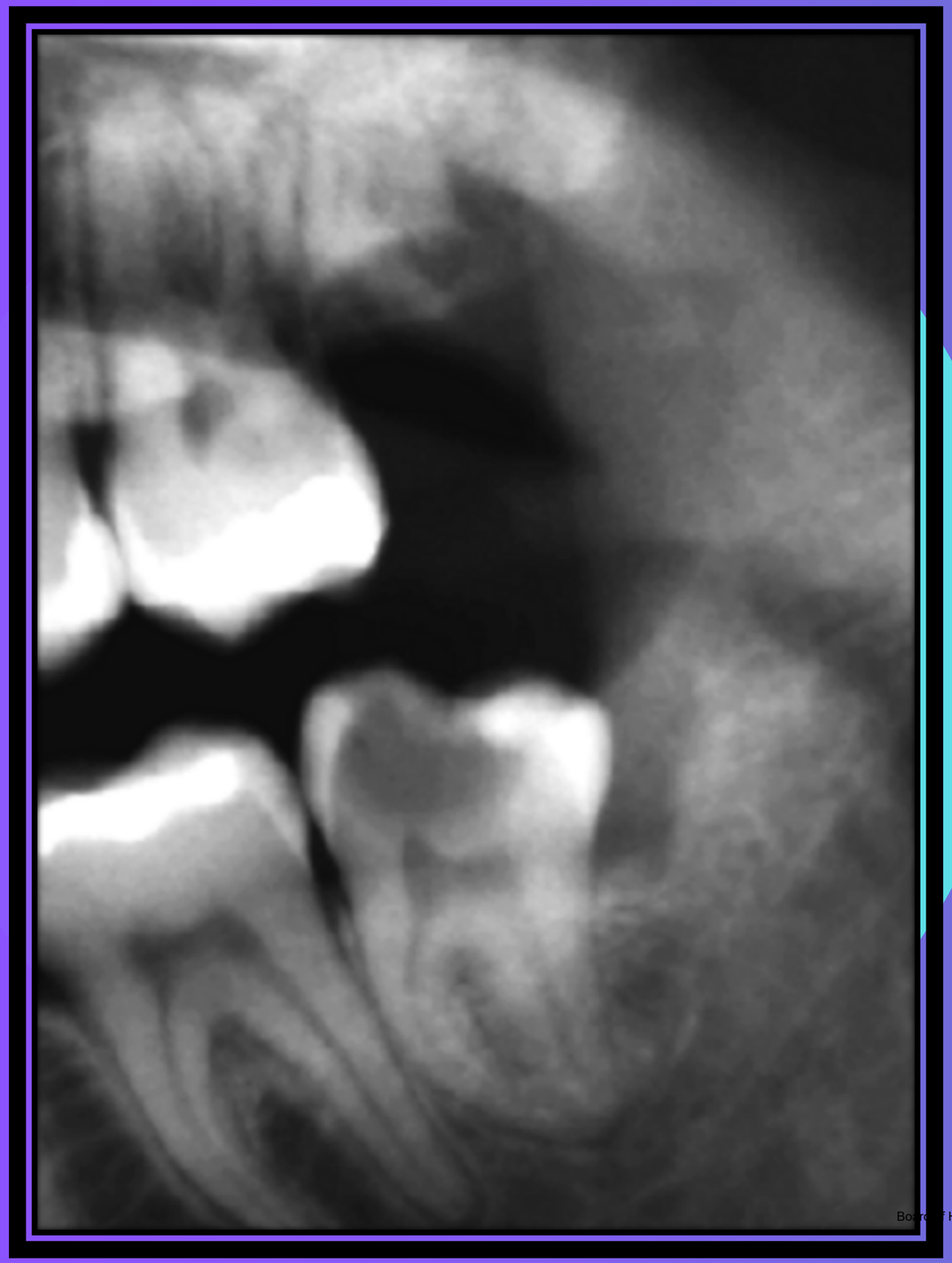
Tené H. Franklin

Chair

Welcome to

ORAL HEALTH SERVICES

Kimberly Smith, DMD
Director of Oral Health Services
Metro Public Health Department
kim.smith@nashville.gov



Would YOU take this tooth out?

Neither would most dentis

We sacrifice to help Davidson County.

Our 3 Branches

Lentz Dental

- Comprehensive pediatric dental care, adult dental emergency care
- Crowns, extractions, fillings, prophylaxis, sealants, SDF, sedative fills, pediatric root canals, nitrous oxide
- Fractured teeth, knocked out teeth, infected teeth, cracked teeth…we see it all.

WIC Dental

- SDF, fluoride treatments, education, screening, referrals for WIC families
- Prevention through education

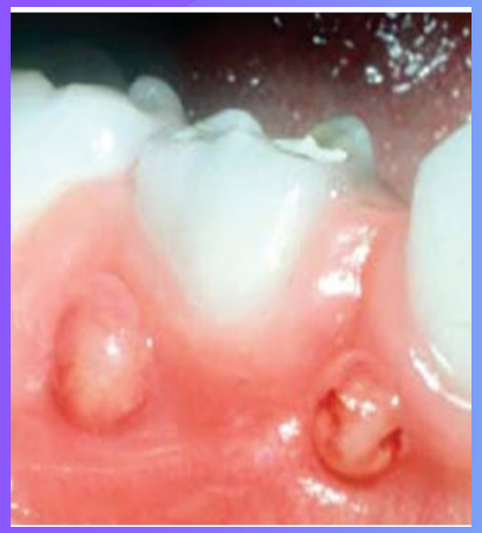
SBDPP

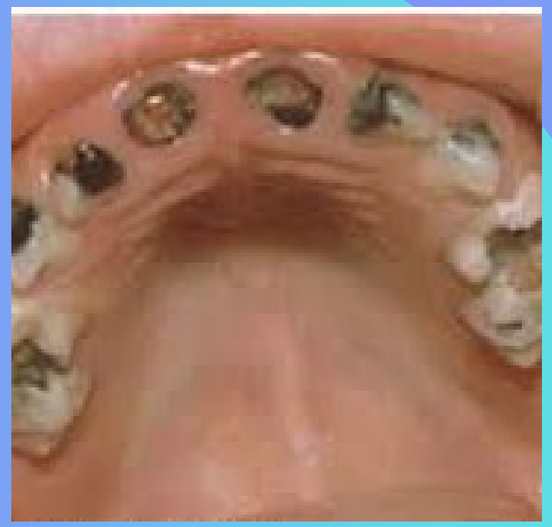
- Title I schools in Davidson Co., grades pre-K–HS
- Free dental sealants, SDF, fluoride, education, referrals
- Funded through TennCare

Meet Pearl E. White

Yes, that is one of our hygien
in there!

The kids LOVEit.





Harsh Reality.

There are *many* times that we are the f
dental professionals these children ha
met.

We *often* see mouths that look like

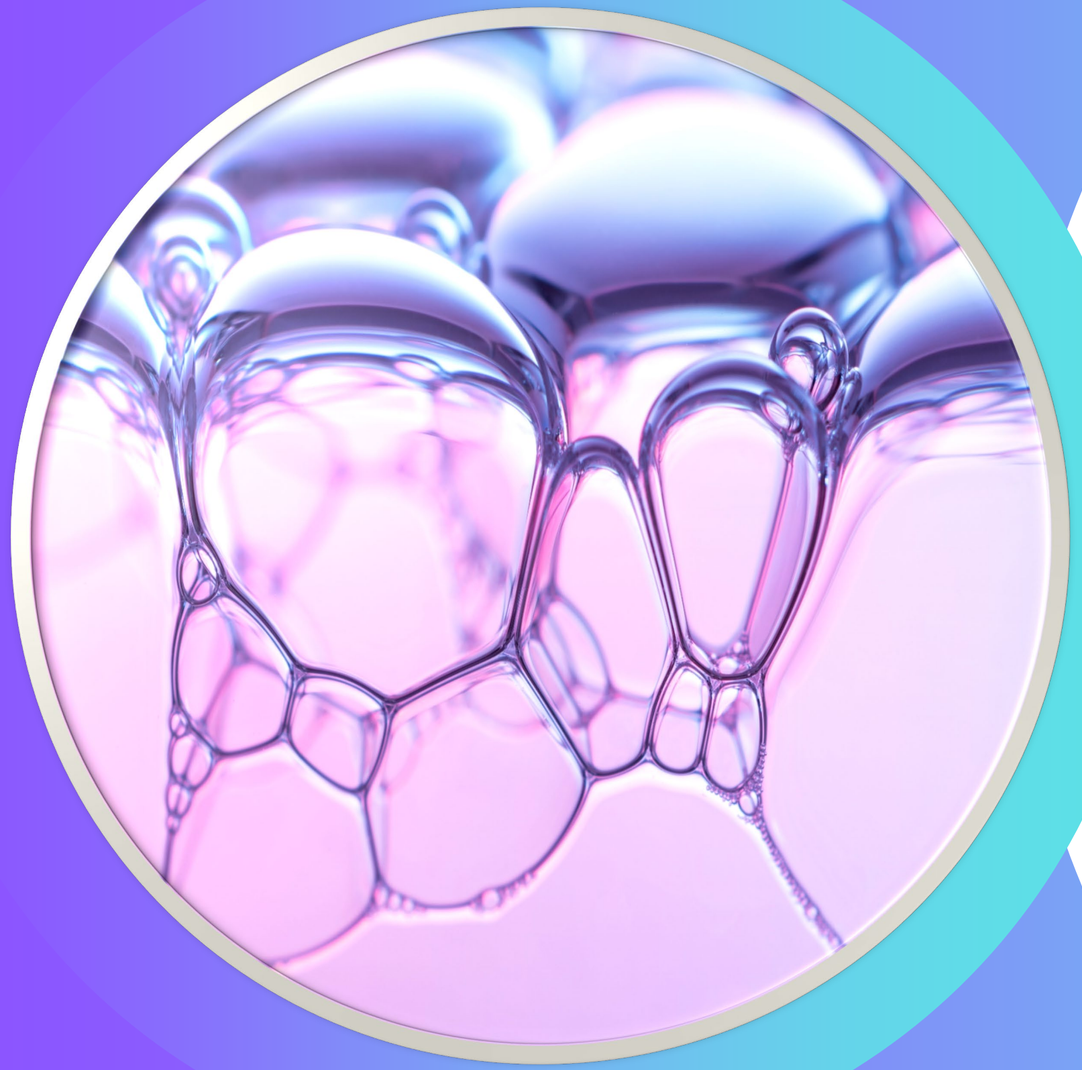
(Imagine sending your children to school looking l
thinking it's normal.

Why does this matter?

A student with tooth pain is NOT LEARNING.

“Not learning” equates to…

Infection and pain fr
untreated dental dec
results in
34 million lost school
for children.



About our 9th element...

First, let's learn to sp

TOGETHER!

FLUORIDE

Fluoride: Myth v. Fact

Myth: Fluoride is a chemical ad

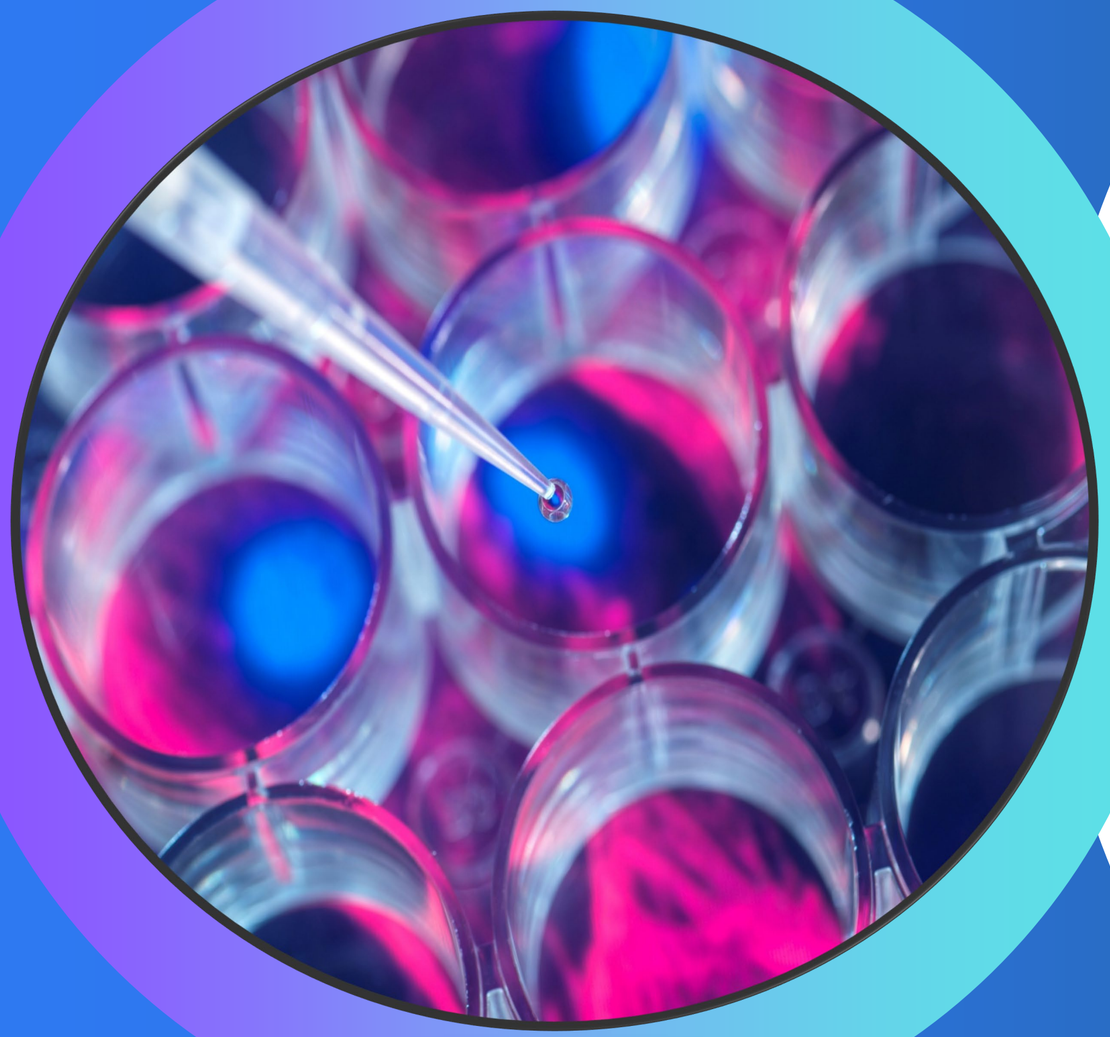
Fluoride is a naturally occurring mineral found in water, soil, and foods. Water systems a optimal levels for dental he

Myth: Fluoride is dangerous to you

At recommended levels (0.7 mg/L), fluoride supported by decades of scientific re

Myth: Fluoride will migrate throughout t

Fluoride binds to calcium and phosphate i forming fluorapatite, a tougher, acid-resistant crystal



Community Water Fluoridation (CWF)

CWF is considered one of the **top public hea**
achievements of the 20th century. It is cost-effective
and benefits every

TNDoH: Every $1 invested in commun
fluoridation saves $38 in dental treatment
per yea

CWF is a safe, simple way to pro
for entire communi

Strengths

- Knowledgeable, efficient, professional staff
- Provide care to those with or without insurance
- Affordable services at Lentz, free services in WIC & schools
- Referral services
- Continuity of care from WIC Dental to Lentz Dental through age 20

Weaknesses

- CHS salaries noncompetitive with local market in pediatrics; drives potential applicants away, leaving vacant positions for lengthy amounts of time
- Steri room & office storage needs to be reconfigured for compliance and functionality of space

Opportunities

- Add RDH position for Lentz Dental
- Add RDH position for WIC Dental
- Equipment requests to bring us up to industry standards
- AI program compatible with our dental software.

Threats

- Inflation, tariffs, and supply chain difficulties causing rising prices and delays when ordering dental materials
- Noncompetitive salaries make acquisition & retention of quality employees difficult
- Noncompetitive salaries leave staff often feeling undervalued

Thank you from

ORAL HEALTH SERVICES.

Kimberly Smith, M
Director of Oral Health Se
Metro Public Health Depa
kim.smith@nashville

MEMORANDUM

TO: Dr. Sanmi Areola

FROM: John Finke

DATE: December 2, 2025

SUBJECT: Air Pollution Permit Fees for Calendar Year 2025

Title V of the Clean Air Act requires an operating permit program for major air pollution sources. The Act requires that sufficient funds be collected from these sources to cover the cost of the program. The fee schedule outlined in Section 10.56.080, "Permit and Annual Emission Fees" of Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws and Regulation No. 13, "Part 70 Operating Permit Program" follows the Clean Air Act guidelines which require an annual fee of $25.00 per ton of allowable emissions of all regulated air pollutants, except carbon monoxide. The fee is adjusted upward each year by the increase in the Consumer Price Index since 1989. This methodology would result in a fee of $65.38 per ton for 2025. However, the same regulations prohibit the department from collecting more than necessary to run the program. Each year, the Board of Health has granted a variance from the provisions of Section 10.56.080(E)(1)(e) of Chapter 10.56 to all permitted sources. Five years ago, the Board established an annual emission fee of $40.00 per ton of regulated air pollutants, except for carbon monoxide.

For Metro's FY 2026 budget, MPHD projected the need to collect revenues, for the Title V permitting program and the general air pollution fund, of $330,000 and $150,000, respectively. Maintaining the $40.00 per ton fee is projected to result in the collection of $345,272 and $148,517.

In conclusion, I am requesting that this matter be placed on the December 11, 2025, Board of Health agenda and I am recommending that the Board grant a one year variance from the provisions of Section 10.56.080 of the Metropolitan Code of Laws for all sources located in Nashville, Davidson County, Tennessee, by establishing an annual emission fee of $40.00 per ton of regulated air pollutants, except for carbon monoxide, for calendar year 2025.

SUMMARY OF APPLICATIONS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: December 11, 2025

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1. Tennessee Child Safety Fund

This is the annual application to participate in the Child Safety Fund. This fund is used to purchase and install child car seats for participants and provide educational information to parents and/or guardians. The award is up to $20k a year. This is a continuation application.

Term:	January 1, 2026 – December 31, 2026
Amount:	up to $20,000
Manager:	Latissa Hall
Bureau:	D'Yuanna Allen-Robb

SUMMARY OF GRANTS & CONTRACTS FOR BOARD APPROVAL

To: Board of Health
From: Jim Diamond
Date: December 11, 2025

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1. Strengthening US Public Health Infrastructure, Workforce and Data Systems - Foundational grant amendment

This CDC grant helps fund the creation of an Infrastructure and Workforce Development plan meant to address various priority strategies both internal and external of MPHD.

Amendment 1 – updates terms and conditions related to the adoption of a different set of federal regulations.

Term:	December 1, 2024 – November 30, 2025
Amount:	NA
Manager:	Nick Tompkins
Bureau:	Jim Diamond

2. Pet Panty grant

A donation from Jennifer McMurray to the MACC Pet Panty program.

Term:	NA
Amount:	$500
Manager:	Danielle Carter
Bureau:	John Finke

GRANT APPLICATION SUMMARY SHEET

Grant Name:	Tennessee Child Safety Fund 26
Department:	HEALTH DEPARTMENT
Grantor:	TENNESSEE DEPARTMENT OF HEALTH
Pass-Through Grantor (If applicable):	
Total Applied For	$20,000.00
Metro Cash Match:	$0.00
Department Contact:	Brad Thompson 340-0407
Status:	CONTINUATION

Program Description:

This is the annual application to participate in the Child Safety Fund. This fund is used to purchase and install child car seats for participants and providing educational information to parents and/or guardians. The award is up to $20k a yearThis is a continuation application.

Plan for continuation of services upon grant expiration:

program ends

APPROVED AS TO AVAILABILITY OF FUNDS:

Jennifer Reed/mjw 12/1/2025 | 5:40 PM CST

Director of Finance **Date**

APPROVED AS TO FORM AND LEGALITY:

Derrick C. Smith 12/2/2025 | 9:07 AM CST

Metropolitan Attorney **Date**

AP BN

APPROVED AS TO RISK AND INSURANCE:

Balogun Cobb 12/2/2025 | 6:41 AM CST

Director of Risk Management Services **Date**

Grants Tracking Form

Part One

Pre-Application ○ Application ◉ Award Acceptance ○ Contract Amendment ○

Department	Dept. No.	Contact	Phone	Fax
HEALTH DEPARTMENT	038	Brad Thompson	340-0407	

Grant Name:	Tennessee Child Safety Fund 26		
Grantor:	TENNESSEE DEPARTMENT OF HEALTH	**Other:**	
Grant Period From:	01/01/26	(applications only) **Anticipated Application Date:**	
Grant Period To:	12/31/26	(applications only) **Application Deadline:**	12/08/25
Funding Type:	STATE	**Multi-Department Grant** ☐ → **If yes, list below.**	
Pass-Thru:		**Outside Consultant Project:** ☐	
Award Type:	FORMULA	**Total Award:**	$20,000.00
Status:	CONTINUATION	**Metro Cash Match:**	$0.00
Metro Category:	Est. Prior.	**Metro In-Kind Match:**	$0.00
CFDA #	N/A	**Is Council approval required?** ☐	
Project Description:		**Applic. Submitted Electronically?** ☐	

This is the annual application to participate in the Child Safety Fund. This fund is used to purchase and install child car seats for participants and providing educational information to parents and/or guardians. The award is up to $20k a year

This is a continuation application.

Plan for continuation of service after expiration of grant/Budgetary Impact:

program ends

How is Match Determined?

Fixed Amount of $		**or**		**% of Grant**		**Other:** ☐	

Explanation for "Other" means of determining match:

For this Metro FY, how much of the required local Metro cash match:

Is already in department budget?			**Fund**	**Business Unit**	
Is not budgeted?			**Proposed Source of Match:**		
(Indicate Match Amount & Source for Remaining Grant Years in Budget Below)					

Other:

Number of FTEs the grant will fund:	0.00	**Actual number of positions added:**	0.00	
Departmental Indirect Cost Rate	21.58%	**Indirect Cost of Grant to Metro:**	$4,315.64	
***Indirect Costs allowed?** ○ Yes ◉ No **% Allow.**	0%	**Ind. Cost Requested from Grantor:**	$0.00	**in budget**

***(If "No", please attach documentation from the grantor that indirect costs are not allowable. See Instructions)**

Draw down allowable? ☐

Metro or Community-based Partners:

Part Two

Grant Budget

Budget Year	Metro Fiscal Year	Federal Grantor	State Grantor	Other Grantor	Local Match Cash	Match Source (Fund, BU)	Local Match In-Kind	Total Grant Each Year	Indirect Cost to Metro	Ind. Cost Neg. from Grantor
Yr 1	26		$20,000.00					$20,000.00	$4,315.64	$0.00
Yr 2	FY									
Yr 3	FY									
Yr 4	FY									
Yr 5	FY									
Total		$0.00	$20,000.00	$0.00	$0.00		$0.00	$20,000.00	$4,315.64	$0.00

Date Awarded:			**Contract#:**
(or) **Date Denied:**			
(or) **Date Withdrawn:**			

Contact: juanita.paulsen@nashville.gov
vaughn.wilson@nashville.gov

Rev. 5/13/13
6142

GCP Received 12/01/25

GCP Approved 12/01/25

TENNESSEE CHILD SAFETY FUND

APPLICATION MANUAL

TABLE OF CONTENTS

INTRODUCTION

The enactment of the first child passenger safety law in Tennessee was clearly one of the most salient events in the history of the Child Passenger Safety movement.[1] In 1989, a legislative statute created the Child Safety Fund to increase child safety by providing a car seat to parents of infants and children who were unable to afford one. Consequently, the law increased the rate of infants and children properly restrained in a passenger vehicle. In 2003, the law was expanded to require children ages birth through eight (8) years old to be transported in a proper child restraint system. The 2003 legislation also authorized the Department of Health to promulgate Rules and Regulations (Chapter 1200-11-4) for designating entities to participate in child restraint system distribution. See T.C.A. § 55-9-602. Participants provide child restraint systems and information to parents or legal guardians of children ages birth through eight (8) years old and measuring less than four feet, nine inches (4'9") in height. As a condition of child restraint system distribution, participants shall have a written policy for distributing child restraint systems and give relevant child restraint system educational information to a parent or guardian. Eligibility critera are located at Rule 1200-11-4-.04, and participation requirements are contained in Rules 1200-11-4-.05 and .06, and include quarterly reporting to the Department.

The Child Safety Fund participating organizations include and are not limited to (1) Hospitals, (2) Head Start Programs, (3) Child Care Resource & Referral (CCR&R), and Family Resource Centers (FRC) in Tennessee. These entities provide services to children in the age range from birth through eight (8) years old.

The purpose of this manual is to assist organizations in developing policy and procedures to comply with the established rules and regulations of the Child Safety Fund program. The information in this manual is based on the experiences of organizations in Tennessee with well-established child passenger safety programs that function as knowledgeable resources in child passenger safety. The manual will provide:

1. Instructions for applying to participate in child restraint system distribution
2. Recommendations for policy and procedures development
3. Recommendations for addressing liability issues associated with the distribution of Child Passenger Safety seats and
4. A listing of community resources and organizations that provide free and low-cost educational materials, child restraint systems, and training

[1] 2003 Tennessee Child Passenger Safety Summit June 2-3 2003

CRITERIA FOR PARTICIPATION

A. Approved entities should develop and have in place the following:

1. Policy and Procedures Manual used to describe the organization's plan to distribute child restraint systems. Each entity is required to have a written policy as a condition of participation, which outlines how the organization will distribute child restraint systems and educational material to parents or legal guardians of infants and children.

2. Liability Policy that addresses potential issues which may arise when distributing child restraint systems.

3. Designated staff to serve as a Child Passenger Safety Technician available to provide training to other staff and instruction to parents receiving the child passenger safety seat.

4. Regulatory guidelines for providing services to low income families, including income eligibility at or below 100% federal Poverty Guidelines. To access a table showing current Department of Health and Human Services federal poverty guidelines visit: https://aspe.hhs.gov/poverty-guidelines

B. An approved entity must only use the Child Safety Fund money for the purpose of purchasing and distributing child restraint systems to low income families with children between the ages of birth through eight years old. The entity must report in writing to the Tennessee Department of Health's Injury and Violence Prevention Program any change in program management that may affect the organization's eligibility for funding.

C. The Tennessee Department of Health's Injury and Violence Prevention Program requires the organization to submit a quarterly report of all child restraint systems purchased and distributed with money from the Child Safety Fund.

D. An approved entity understands and acknowledges that the Tennessee Department of Health's Injury and Violence Prevention Program will monitor the Child Safety Fund program and may refuse or cancel an entity's participation if the entity fails to abide by the rules or program polices, or for any reason deemed necessary by the Department.

E. An approved entity should be a governmental agency or a nonprofit organization.

NOTE: Eligible families must have an income at or below 100% of the Federal Poverty level.

APPLICATION PROCESS

An application must be submitted to the Tennessee Department of Health indicating the entity's interest in participating in the Child Safety Fund program and its qualifications to distribute child restraint systems low income families with children between the ages of birth through eight years old (*See the application form on page 6 - 7*). The applicant must meet the criteria for participation listed on page 4. The complete list of documents to be submitted is on page 7. The application can be submitted by mail or email to the address listed on page 7.

TENNESSEE DEPARTMENT OF HEALTH INJURY PREVENTION PROGRAM

Child Safety Fund Application 2025

Application Date: 12/1/25 **Vendor #**

1.Organization Name: **Metro Public Health Department**

Organization Contact Name and Title: Latissa Hall		
Address: 2500 Charlotte Avenue		
City: Nashville	State: TN	Zip code: 37209
Phone: 615-340-8599	Email: latissa.hall@nashville.gov	
Child Passenger Safety Coordinator Name: Yolonda Radford	Phone: 615-880-3554	Email: yolonda.radford@nashville.gov
Address: 2500 Charlotte Avenue		
City: Nashville	State: TN	Zip Code: 37209
Child Passenger Safety Technician Name: Yolonda Radford		

2. Type of organization

_X___ Government Agency _____ Non-profit*
*must provide 501(c) determination letter

3. Check population(s) served

_x__ Ages birth – less than1 year of age
__x_ Ages 1 – 3 years of age
_x__ Ages 4 – 8 years of age, measuring less than four feet, nine inches (4'9") in height

4. Services at organization

_ Head Start _ Hospital X Health Department
_ CCR & R _ Birthing Center _ Law Enforcement
_ Family Resource Center _ Regional Pediatric Trauma Center _ Other _____

5. Check regions and counties organization serves

REGIONS	COUNTIES
_ Memphis/Shelby County	_ Memphis /City Districts _ Shelby
_ Jackson/Madison County	_ Jackson _Madison
_ West Region	_ Lauderdale _Tipton _Haywood _Fayette _Madison _Chester _Hardeman _McNairy _Hardin _Decatur _Henderson _ Lake _Obion _Dyer _Gibson _Weakley _Crockett _Carroll _Henry _Benton
X Davidson County	_Davidson
_ Mid Cumberland Region	_Montgomery _Stewart _Houston _Humphreys _Dickson _Cheatham Robertson _Sumner _Trousdale _Wilson _Rutherford _Williamson
_ South Central Region	_Perry _Hickman _Maury _Lewis _Giles _Lawrence Marshall _Lincoln _Moore _Franklin _Coffee _Bedford
_ Upper Cumberland Region	_Macon _Clay _Pickett _Jackson _Overton _Fentress _Smith Putnam _DeKalb _White _Warren _Van Buren _Cannon _Cumberland
_ Southeast Region	_Grundy _Bledsoe _Rhea _Hamilton _Meigs _McMinn Polk _Sequatchie _Marion _Bradley
_ Knox County	_Knox
_ East Region	_Moore _Loudon _Blount _Sevier _Jefferson _Morgan _Cocke _Hamblen _Grainger _Monroe _Roane _Scott _Union _Anderson _Claiborne _Campbell
_North East Region	_Hancock _Hawkins _Greene _Unicoi _Carter _Johnson _Washington
_ Sullivan County	_Sullivan
_ Hamilton County	_Hamilton

By signature below, I certify that all information in this application is, to the best of my knowledge, accurate. I acknowledge that I have read, understand, and agree to abide by the requirements in the application manual and shall comply with all applicable laws and regulations under this program.

Signed by:
Sanmi Areola
0872295CD81A4B1...

Director 12/1/2025

Organization head name and title **Date**

Child Safety Fund Application Checklist

Organizations interested in participating in the Child Safety Fund Program must submit the following items:

_x__ Submit a federal W-9 form to establish a vendor account with the State of Tennessee or documentation of status as a State of Tennessee approved vendor

This will enable the organization to receive a Federal Identification number (Example V-62-100000 or C-62-600000) which is a requirement for accounting purposes.
To access a copy of the form, visit: https://www.irs.gov/pub/irs-pdf/fw9.pdf

_on file__ Submit a complete Automated Clearing House (ACH) form for state accounting purposes.

To access a copy of the form, please contact Jerreka Perry at Jerreka.N.Perry@tn.gov.

_x__ Designate a Child Safety Fund Coordinator to implement the program

The Child Safety Fund Coordinator is responsible for keeping track of funds received by the entity and completes a quarterly report for the Department of Health regarding the number of child restraint systems purchased and distributed. Please include an address, email, and a phone number for the coordinator.

_x__ Provide written proof of the following documents:

-Policy and procedure to distribute child restraint systems
-Liability policy

_x__ Copy of the Certificate of Completion for NHTSA Child Passenger Safety Technician training

__X_ Completed Child Safety Fund program application (pages 6-7)

Submit the application by email to:

Jerreka Perry
Email: Jerreka.N.Perry@tn.gov
Phone: (615) 532-0394

DISBURSEMENT PROCESS

PROCEDURE

Monies in the Child Safety Fund shall be distributed quarterly during the year in January, April, July and October.

The money in the Child Safety Fund shall be allocated and distributed equally in one-third (1/3) increments to qualified entities serving children within the three (3) groups identified below:

One-third (1/3) of the Child Safety Fund shall be allocated to entities serving children under two (2) years of age

One-third (1/3) of the Child Safety Fund shall be allocated to entities serving children two (2) through three (3) years of age

One-third (1/3) of the Child Safety Fund shall be allocated to entities serving children four (4) through eight (8) years of age and measuring less than four feet, nine inches (4’9”) in height.

REPORTING PROCESS

PROCEDURE

The Tennessee Department of Health Injury Prevention Program requires each organization to submit a quarterly report of all child restraint systems purchased and distributed with money from the Child Safety Fund program. Quarterly reports are due 45 days after close of each quarter. Quarter means a (3) month period of the year. An entity is obligated to expend the funds received during the disbursement period, no later than the end of the next full quarter following the disbursement period. Grantees will be required to submit receipts with their quarterly reports. A link to Alchemer.com will be provided for participating entities via e-mail for reporting purposes.

The Department will maintain a database that lists all participating entities and will email the survey link to each participant. Participating entities shall complete the survey in surveygizmo by the date listed under the column titled "Quarterly Report Due".

Disbursement Period:	**Quarterly Report Due:**
Jan-Feb-Mar	May 15th
April-May-June	August 14th
July-Aug-Sept	November 15th
Oct-Nov-Dec	February 14th

APPENDICES

Appendix A

LIABILITY POLICY RECOMMENDATIONS

Each participating organization will have a written liability policy on distributing child restraint systems.

Child restraint systems should only be distributed to a parent or legal guardian of children ages birth through eight (8) years old and families must have an income at or below 100% of the Federal Poverty level. The participating organization must have the parent or legal guardian complete and sign a liability release form for each child receiving a child restraint system.

CONSIDERATIONS

1) Entities should determine if the organization's current liability insurance covers the child restraint system distribution process and document this in the application.

2) Ensure that all personnel are kept abreast of child passenger safety issues. The field of child passenger safety is constantly evolving, and new issues are constantly emerging, so staff should receive training at least annually. Keep careful documentation of staff trained, who provided the training, and copies of the training materials.

3) Personnel should be knowledgeable of the organization's policy and procedures for distributing child restraint systems. For example, the parent/legal guardian should be the only person installing the child restraint system in the vehicle unless the system is installed by a Child Passenger Safety (CPS) Technician.

4) Keep a log of all materials disseminated to parents and any liability release forms (see Appendix B) used in the training of parents and distribution of child restraint system. Have the parents sign an agreement that they will use the child restraint system according to the manufacturer's instructions. This procedure should be carefully documented and all forms and agreements kept on file.

5) Have the parent/legal guardian examine the child restraint system before the parent/guardian accepts it. Document that the child restraint system was examined before distribution. Damaged or defective child restraint systems should never be distributed.

6) Provide a copy of the manufacturer's manual when distributing a child restraint system to parents/ legal guardians.

7) Provide accurate information and document the guidelines used when distributing child restraint systems for infants and children with special needs.

Appendix B

Car Seat Application/Release Form

Organization			
Child's Name		Date	
Street Address		Age _____/ Weight _____ / Height _____	
City	County	State	Zip Code
Phone	DOB	Sex*	Race*
Name of Parent or Legal Guardian Accepting Car Seat Print Name _____		*This information is for demographic purposes only. By providing this information, it will have no impact on the determination of eligibility for receiving a child safety seat.	

Agreement / Release of Liability

I am the parent/legal guardian of the above named child and understand that this child restraint system is provided as a public service in the interest of safety. I have been given the manufacturer's and supplemental instructions regarding use and installation of this child restraint. A program representative (or cps trained staff member) has demonstrated basic car seat safety and given car seat checkpoint information for my community. I agree that if this child restraint system is involved in a motor vehicle crash, I will return it to this distribution site immediately or have the seat destroyed. I understand that this organization is not a manufacturer or dealer in child restraint systems and makes no warranty, expressed or implied, as to the fitness of this child restraint system. I further understand that this organization will assume no responsibility for the consequences (including injury) of proper or improper use of the child restraint system. I agree to forever refrain from instituting, pressing, or in any way assisting any claim, demand, action, or cause of action against this organization and its employees, agents, or volunteers for any injuries, damages, costs, loss of services growing out of, or which hereafter may grow out of the installation, use, or malfunction of the child restraint system.

I certify by my signature that I have read the above and have been provided information regarding child restraint systems.

Signature of Parent/Legal Guardian Date

Staff Name/ Title Date

Type Child Restraint System

Check one:

_ Newborn _ Infant _ Infant Convertible/ Toddler

_ Booster low back _ Booster high back _ Booster (5 point harness)

Manufacturer name: _____

Date of manufacturer: _____

Name/Model number: _____

Appendix C

POLICY AND PROCEDURES MANUAL RECOMMENDATIONS

The purpose of this policy is to provide a standardized mechanism for entities to follow when implementing a child restraint system distribution program. The guide should be used in developing a plan to distribute child restraint systems.

PROCEDURE

1. Determine if the family is eligible to participate. Request proof of income to verify that family is at or below 100% of the federal poverty level according to federal poverty guidelines. To access a table showing current Department of Health and Human Services federal poverty guidelines visit: https://aspe.hhs.gov/poverty-guidelines

2. Only distribute one child restraint system per eligible child.

3. The vehicle in which the child restraint system will be used must be present and equipped with operational seat belts.

4. Do not distribute more child restraint systems than can be used safely in the vehicle.

5. Complete an application form for each eligible child. The parent/legal guardian must sign this form. Have the parent/legal guardian read and complete an application form for every child restraint system that is distributed, even if several child restraint systems are being issued to one family.

6. Provide the parent/legal guardian with information regarding the current state law on child restraint systems.

7. Provide the parent/legal guardian with child restraint system educational materials. (i.e., pamphlets and instructions).

8. Have the parent/legal guardian remove the child restraint system from the box and check for the manufacturer instructions, locking clip, broken parts, etc.

9. Provide the manufacturers' instruction booklets to the parent/legal guardian. Have the participant complete the warranty card (organization should mail the card).

10. Have the participant complete the registration information to receive any notifications of any recalls (organization should mail this as well).

11. "Tag" the car seat with the appropriate identification marker on the left, lower side of the child restraint system base to prevent recipients from trying to "return" the child restraint system to a retail store for a "refund."

12. Have the Child Passenger Safety Technician demonstrate how to install the car seat into the vehicle while offering explanations to the parent/legal guardian. Allow the parent/legal guardian to adjust the straps of the child restraint system to fit the child and to install the child restraint system into the vehicle while program staff offers verbal explanations to the parent/legal guardian. Finally, The Child Passenger Safety Technician should supervise the parent/legal guardian installing the child restraint system in the vehicle.

13. Record the important information from the forms or applications into the logbook. Update the child restraint inventory log with the name of the child/children receiving the child restraint system and the number of child restraint systems distributed.

14.. Refer all questions to (name) at (phone).

Appendix D

Common Child Restraints

Basic guidelines

- ❖ All child restraints systems manufactured or distributed in the United States must be certified to meet Federal Motor Vehicle Safety Standard and Regulations, Standard 213.
- ❖ Specify in purchase orders that all child restraint systems shipped must be no more than a few months old (check date stickers when received). Reasons: old stock may not be certified for the same weight range as current models; some child restraint manufacturers stamp an "expiration date" (e.g. five years) on their products; warranties for broken parts may not be honored after only two years.
- ❖ Fabric covers should be easily removed and machine washable; vinyl covers are more likely to rip or crack.
- ❖ Two-part plastic retainer clip may help keep shoulder straps in place for a toddler with busy fingers.

Infant-only child restraint systems (birth to 20-22 pounds.)

- ➢ Certified for use up to 22 pounds. (Some child restraint systems have higher weight limits-see Manufacturer instructions).
- ➢ Two sets of shoulder strap slots for best fit with small or large infants.
- ➢ Two crotch strap locations for best fit with small or large infants (only available for 5-point. harness; 3-point harness is acceptable, but harness may not fit as snugly for newborns).
- ➢ Recommendation: Choose an infant seat that may be used with or without removable base. Order most child restraint systems without base for best price; also order a few bases to be used as needed to achieve tight fit in certain vehicles. Some infant restraint systems come with head support, which should not be confused with the after-market products that are available for someone to purchase and add later.
- ➢ All infant-only car restraint systems should be installed rear-facing.

Convertible seats (birth to 40 pounds.)

- ➢ Certified for use up to 30 pounds, facing rearward and one model available for use up to 35 pounds; all current convertibles are certified up to 40 pounds forward facing.
- ➢ Five-point harness system (no shield) for best fit as child grows (A-lock mechanism in front of seat).
- ➢ For low-birth weight babies, the American Academy of Pediatrics (AAP) recommends lower shoulder strap settings that are 10 inches or less from the bottom of the child restraint system (child's buttocks).
- ➢ Two crotch slot locations best to fit children of all sizes; AAP recommends a distance from back of seat (child's buttocks) to crotch strap 5 ½ " or less if used for low birth weight babies.
- ➢ Top tether strap for forward-facing use (available to order or included).

- Convertible seats should be positioned rear-facing for a long as the child is comfortable and at least until 2 years of age, so long as the child has not reached the maximum height or weight for the car seat.

Combination child seat/boosters

- All models have a harness, which fits up to (some may start at 22 to 25 lbs) 40 pounds; vehicle lap/shoulder belt required after 40 pounds.
- Do not use a combination child restraint system or booster seat (e.g., a child safety seat that only faces forward) for children under two years of age. Children should remain in a convertible seat until outgrown (height/weight).
- Child may be moved to this type of child restraint system so the convertible seat can be given to new sibling; also good for tall, thin children under 40 pounds whose shoulders are above top strap slots of convertible seat.
- Top strap slots should be at least 16 inches from bottom of seat (child's buttocks).

Booster seats

- Recommendation: Order booster child restraint systems both with and without high back to achieve best fit in a variety of vehicles. Boosters with backs are needed if vehicle seat back is low or there are no head rests in the vehicle This statement could be misleading – the person distributing the belt positioning boosters must know what kind of seats are in the car – whether head rests or high seats are available to determine whether a no back or high back should be used. Other considerations: Maximum weight for current belt positioning boosters range from 60 to 100 pounds.
- Children should ride properly restrained in a booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years old.

For additional information, visit the Centers for Disease Control Child Passenger Safety website at: Child Passenger Safety | Child Passenger Safety | CDC

Appendix E

Child Restraint Resources

1. Britax Child Safety	***https://us.britax.com/*** ***(888) 427-4829***
2. Evenflo Juvenile Furniture Company	***www.evenflo.com*** ***(800) 233 – 5921***
3. Graco Children's Products Inc.	***www.gracobaby.com*** ***(800) 345 -4109 or*** ***(610) 286 5951***
4. Mercury Distributing	***www.mercurydistributing.com*** ***(800) 815-6330***
5. CDC- Child Passenger Safety	***http://www.cdc.gov***
6. National Highway Traffic Safety Administration	*www.nhtsa.gov*

National Child Passenger Safety Board - Resource Center: ***https://www.cpsboard.org/resource-center/***

National Highway Traffic Safety Administration (NHTSA) - Child Seat Inspection Stations: ***https://www.nhtsa.gov/vehicle-safety/car-seats-and-booster-seats#installation-help-inspectioncfm;***

Appendix F

Child Passenger Safety Technician Training

The functional aspects of fitting, adjusting, and operating a car seat can be complex even for an experienced child passenger safety technician. Misuse issues can include behavioral or educational factors, such as facing the car seat in the wrong direction or failure to buckle the child into the car seat. Misuse may also be related to the technical or hardware features of the car seat, such as the need to use a locking clip with certain seat belt systems or incompatibility between a car seat and a vehicle. Not all car seats are compatible with all vehicles, at times creating an unsafe fit or difficult installation of the car seat. Incompatibility may be related to differences in vehicle seat cushion width, depth, and angles or the varying seat belt systems found in vehicles. Always check both the child car seat and vehicle owner's manuals.

Regardless of the cause, incorrect use of a car seat can drastically decrease its effectiveness. The best advice for the coordinator of a car seat distribution project is to obtain the proper training (i.e., NHTSA Child Passenger Safety Technician training), gain extensive experience, collaborate with other Child Passenger Safety Technicians in the community, and keep up-to-date with newsletter subscriptions, conferences, and refresher classes. With time, training, and experience, trainers will become comfortable with the types of car seats available and how they are correctly installed, be familiar with known areas of misuse, and learn how to seek further information as needed to answer questions and solve installation problems. Although many of these issues are only now beginning to be addressed, there are several areas in which misuse errors can easily be avoided or corrected. If you plan to implement a child restraint system distribution program or provide technical training, it is required that a member of personnel complete the NHTSA Child Passenger Safety Technician training and provide proof of completed training as a part of the application process. You can contact the NHTSA for information on training in your community, 1-888-327-4236 or contact the Tennessee Highway Safety Office at 615-741-2589.

Tennessee Child Passenger Safety Center

1005 Dr. D.B. Todd Jr. Boulevard
Meharry Medical College
Bio Medical Science Building, 1st Floor
Nashville, TN 37208
Phone: 615-327-5900 **Web address**: www.mmc.edu

National Child Passenger Safety Certification: https://cert.safekids.org/

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Metropolitan Government of Nashville & Davidson County

2 Business name/disregarded entity name, if different from above.

Metro Public Health Department

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

700 Second Avenue South, suite 205

Requester's name and address (optional)

6 City, state, and ZIP code

Nashville, TN 37210

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

6	2	–	0	6	9	4	7	4	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person [signature] Date 9/3/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Davidson County Metro Public Health Department Policy and Procedure:

Priority will be given to clients who are referred from a Metro Public Health Department Program when demand exceeds supply. A limited waiting list will be maintained not to exceed expected timely availability.

PROCEDURE

1. Determine if the family is eligible to participate. Family must be a resident of Davidson County-request proof. Request proof of income to verify that family is at or below 100% of the federal poverty level according to federal poverty guidelines. To access a table showing current Department of Health and Human Services federal poverty guidelines visit: https://aspe.hhs.gov/poverty-guidelines.

2. Only distribute one child restraint system per eligible child per appointment. Limit distribution to one child restraint over the timespan that a child restraint is required. Consideration of exceptions will be given on a case-by-case basis.

3. It is preferred that the vehicle in which the child restraint system will be used will be present and equipped with an operational latch system or seat belts.

4. Do not distribute more child restraint systems than can be used safely in the vehicle.

5. Complete an application form for each eligible child. The parent/legal guardian must sign this form. Have the parent/legal guardian read and complete an application form for every child restraint system that is distributed, even if several child restraint systems are being issued to one family.

6. Provide the parent/legal guardian with information regarding the current state law on child restraint systems.

7. Provide the parent/legal guardian with child restraint system educational materials. (i.e., pamphlets and instructions

8. Provide the parent/legal guardian with all the contents of the car seat box and inspect that no parts or information is damaged or became lost during shipping.

9. Provide the manufacturers' instruction booklets to the parent/legal guardian. Encourage the participant to complete and mail the warranty card; or use an alternate registration method per the manufacturer's provision.

10. Encourage the participant complete the registration information to receive any notifications of any recalls.

Updated 12-20-2022 by Heather Snell

11. "Tag" the car seat with the appropriate identification marker on the left, lower side of the child restraint system base to prevent recipients from trying to "return" the child restraint system to a retail store for a "refund."

12. Have the Child Passenger Safety Technician demonstrate how to install the car seat into the vehicle while offering explanations to the parent/legal guardian. Allow the parent/legal guardian to adjust the straps of the child restraint system to fit the child and to install the child restraint system into the vehicle while program staff offers verbal explanations to the parent/legal guardian. Finally, The Child Passenger Safety Technician should supervise the parent/legal guardian installing the child restraint system in the vehicle.

13. Follow all infectious disease precautions when issuing child passenger restraints.

14. Record the important information from the forms or applications into the logbook. Update the child restraint inventory log with the name of the child/children receiving the child restraint system and the number of child restraint systems distributed.

15. Refer all questions to: Alison Butler CPST at 615-340-7780.

Updated 12-20-2022 by Heather Snell

NATIONAL
CHILD PASSENGER SAFETY
CERTIFICATION

A Program of
Safe Kids Worldwide

Certifying Body: **Safe Kids Worldwide**
Curriculum by: **NHTSA**

In collaboration with:
The National CPS Board
Program Sponsor: **State Farm**®

Certification Confirmation

Yolonda Radford

T869339:Certified Technician

Valid from November 7, 2025 through November 6, 2027

Bring this card to all of your CPS events for proof of your certification.

APPLICATION SIGNATURE PAGE
FOR
Tennessee Child Safety Fund

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

Signed by:
Sammi Arrola
0872295CD81A4B1...

Director, Metro Public Health Department

12/1/2025
Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 6 NE11OE000029-03-01
FAIN# NE11OE000029
Federal Award Date: 11/13/2025

Recipient Information

1. Recipient Name
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
311 23rd Ave N
Family Youth and Infant Health
Nashville, TN 37203-1503
(615) 862-8860

2. Congressional District of Recipient
05

3. Payment System Identifier (ID)
1620694743A3

4. Employer Identification Number (EIN)
620694743

5. Data Universal Numbering System (DUNS)
078217668

6. Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

7. Project Director or Principal Investigator
Nicholas Tompkins
Grant Director
nicholas.tompkins@nashville.gov
615-340-0394

8. Authorized Official
Dr. Melva Black
Deputy Director
melva.black@nashville.gov
615-340-8549

Federal Agency Information
CDC Office of Financial Resources

9. Awarding Agency Contact Information
Rhonda DeBouse
wzn5@cdc.gov
770-488-3198

10.Program Official Contact Information
Stephanie Williams
Program Officer
rwv0@cdc.gov
4044984895

Federal Award Information

11. Award Number
6 NE11OE000029-03-01

12. Unique Federal Award Identification Number (FAIN)
NE11OE000029

13. Statutory Authority
317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title
Metro Nashville Strengthening Public Health Infrastructure, Workforce and Data Systems

15. Assistance Listing Number
93.967

16. Assistance Listing Program Title
CDC's Collaboration with Academia to Strengthen Public Health

17. Award Action Type
Administrative Action

18. Is the Award R&D?
No

Summary Federal Award Financial Information

19.	**Budget Period Start Date** 12/01/2024 **- End Date** 11/30/2025	
20.	**Total Amount of Federal Funds Obligated by this Action**	$0.00
	20a. Direct Cost Amount	$0.00
	20b. Indirect Cost Amount	$0.00
21.	Authorized Carryover	$0.00
22.	Offset	$0.00
23.	Total Amount of Federal Funds Obligated this budget period	$843,396.00
24.	**Total Approved Cost Sharing or Matching, where applicable**	$0.00
25.	**Total Federal and Non-Federal Approved this Budget Period**	$843,396.00
26.	**Period of Performance Start Date** 12/01/2022 **- End Date** 11/30/2027	
27.	Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance	$10,265,075.00

28. Authorized Treatment of Program Income
ADDITIONAL COSTS

29. Grants Management Officer – Signature
Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Recipient Information

Recipient Name
NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF
311 23rd Ave N
Family Youth and Infant Health
Nashville, TN 37203-1503
(615) 862-8860

Congressional District of Recipient
05

Payment Account Number and Type
1620694743A3

Employer Identification Number (EIN) Data
620694743

Universal Numbering System (DUNS)
078217668

Recipient's Unique Entity Identifier (UEI)
LGZLHP6ZHM55

31. Assistance Type
Project Grant

32. Type of Award
Other

33. Approved Budget
(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only
II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	$0.00
b. Fringe Benefits	$0.00
c. Total Personnel Costs	$0.00
d. Equipment	$0.00
e. Supplies	$87,580.00
f. Travel	$227,565.00
g. Construction	$0.00
h. Other	$316,050.00
i. Contractual	$58,000.00
j. TOTAL DIRECT COSTS	$689,195.00
k. INDIRECT COSTS	$154,201.00
l. TOTAL APPROVED BUDGET	$843,396.00
m. Federal Share	$843,396.00
n. Non-Federal Share	$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390JXA	23NE11OE000029A2	OE	410U	93.967	$0.00	75-2224-0943
3-9390L1Z	23NE11OE000029A1C6	OE	410U	93.967	$0.00	75-X-0140
4-9390LFF	23NE11OE000029A2	OE	410U	93.967	$0.00	75-2324-0943
5-9390MR5	23NE11OE000029A2	OE	410U	93.967	$0.00	75-2425-0943

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	$0.00	$0.00	$0.00
Fringe Benefits	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00
Construction	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00

AWARD ATTACHMENTS

NASHVILLE & DAVIDSON COUNTY, METROPOLITAN GOVERNMENT OF

6 NE11OE000029-03-01

1. terms

TERMS & CONDITIONS

The purpose of this amendment is to incorporate updated terms and conditions:

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: Prior to October 1, 2025, this award was subject to the termination provisions at 45 CFR 75.372. Starting on October 1, 2025, this award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the terms and conditions of the award, and a decision by the agency that the award continues to effectuate program goals or agency priorities.

ALL OTHER TERMS AND CONDITIONS REMAIN IN EFFECT.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

_____	_____
Director, Metro Public Health Department	Date
_____	_____
Chair, Board of Health	Date

APPROVED AS TO AVAILABILITY OF FUNDS:

_____	_____
Director, Department of Finance	Date

APPROVED AS TO RISK AND INSURANCE:

_____	_____
Director of Risk Management Services	Date

APPROVED AS TO FORM AND LEGALITY:

_____	_____
Metropolitan Attorney	Date
_____	_____
Metropolitan Mayor	Date

ATTEST:

_____	_____
Metropolitan Clerk	Date

METRO NASHVILLE
ANIMAL CARE & CONTROL

Receipt Number: R25-324038

Metro Animal Care And Control

5125 Harding Place, Nashville, TN 37211

(615) 862-7928

Person Information: JENNIFER MCMURRAY
2136 WHITE POPLAR CT
MURFREESBORO, TN 37130

Receipt Date: Thursday, November 6, 2025

PID: P383042

Check / Card No:

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
DONATION		PET PANTRY	$500.00	1	500.00

Total Fees Due:		**$500.00**
Payments:	Cash:	$0.00
	Check:	$500.00
	Credit Card:	$0.00
Total Payments Received:		**$500.00**

Thank You!

Change:	$0.00
Balance Due:	$0.00

JENNIFER L McMURRAY
2136 WHITE POPLAR COURT
MURFREESBORO, TN 37130

87-863/640

4013

DATE 11/2/2025

PAY TO THE ORDER OF Metro Animal Care & Control $ 500.00

five hundred ——— 00/100 DOLLARS

Heat Reactive Ink

Pinnacle

MEMO Donation for the Pet Pantry

Jennifer L. McMurray

[redacted]

LOOK FOR FRAUD-DETERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

Despite our best efforts, we can not guarantee the health of the animal you have adopted. If your new pet becomes sick within 72 hours (3 working days), please return the animal to Metro Animal Care and Control and our veterinarian will examine the animal. If you choose to take your sick pet to a private veterinarian, you will be responsible for all costs incurred. **No refunds of the adoption fee offered after ten (10) days.**

Adoption and Reclaim Hours
Sunday-Saturday 10 AM-4 PM
Thursday 10 AM-6 PM

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

_____ _____
Director, Metro Public Health Department Date

_____ _____
Chair, Board of Health Date

APPROVED AS TO AVAILABILITY OF FUNDS:

_____ _____
Director, Department of Finance Date

APPROVED AS TO RISK AND INSURANCE:

_____ _____
Director of Risk Management Services Date

APPROVED AS TO FORM AND LEGALITY:

_____ _____
Metropolitan Attorney Date

FILED:

_____ _____
Metropolitan Clerk Date

Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Board of Health Request Tracking Form

Meeting Date: **November 13, 2025**

Board Requests of the Department:

1. Regular updates on the proposed new Woodbine Clinic.
2. Report to Board any MACC staff interactions with public where safety is concerned.
3. Provide status of MPHD's financial health update to the Board on a quarterly basis.
4. Provide update on the culture of the department to the Board on a quarterly basis.
5. Provide Annual Board Report draft to the Mayor to the Board by March 2026 and beyond.
6. Provide monthly update to the Board on the Director's priorities until the Strategic Plan is in place.
7. Consider having a member of the Youth Advisory Board present at the meetings.
8. Provide talking points to the Board on what we are doing in the department so they can share.
9. Provide a one-page report on each grant annually.

Assignments and Due Date per each request from the Board:

1. Regular updates on the proposed new Woodbine Clinic. (Areola)
2. Report to Board any MACC staff interactions with public where safety is concerned. (Finke)
3. Provide a MPHD's financial health update to the Board on a quarterly basis. (Diamond)
4. Provide update on the culture of the department to the Board on a quarterly basis. (Areola)
5. Provide Annual Board Report draft to the Mayor to the Board by March 2026 and beyond. (Areola)
6. Provide monthly update to the Board on the Director's priorities until the Strategic Plan is in place. (Areola)
7. Consider having a member of the Youth Advisory Board present at the meetings. (Areola)
8. Provide talking points at the appropriate time to the Board on what we are doing in the department so they can share. Presentations by different programs at the Board meeting will also be considered. (Areola)
9. Provide a one-page report on each grant annually. (Areola)

Outcomes:

1. Regular updates on the proposed new Woodbine Clinic. (Areola) - Ongoing
2. Report to Board any MACC staff interactions with public where safety is concerned. (Finke) – Ongoing
3. Financial Update will be given to the Board in January, April, July, and October. Next update will be given in October. (Diamond)
4. An update on the culture of the department will be given to the Board in January, April, July, and October. Next update will be given in October. (Areola)
5. Annual Board Report draft to the Mayor will be given to the Board by March 2026 and beyond. (Areola)
6. Monthly update on the Director's priorities will be given to the Board until the Strategic Plan is in place. (Areola)
7. Member(s) of the Youth Advisory Board will be present at monthly meetings to observe and participate as needed. (Areola)
8. Talking points on what we are doing in the department will be given to the Board at the appropriate time. When feasible, presentations by programs will be done in the Board meeting. (Areola)
9. A one-page report will be done annually on each grant. Dr. Areola will share different formats with the Board at the next meeting to agree on a one-page report that will capture the data that they are wanting. (Areola)

Response filed in meeting packet of **December 11, 2025**

PERSONNEL CHANGES

NOVEMBER 2025

NEW HIRES

John Hutcheson, Seasonal/Part-time/Temp. IT Assistant, 11/03/2025 $55.00 hourly (IT)
Gabrielle Lee, Animal Control Officer 1, 11/03/2025, $52,414.00 (MACC)
Kristopher Smotherman, Office Support Rep. Sr. 11/03/2025 $46,025.00 (FPFP)
Amelia Valdez, Nutritionist 1, 11/08/2025, $59,085.00 (WIC)
Shonta Anderson, Office Support Specialist 1, 11/08/2025, $48,064.00 (PHM)
Roshecka Thomas, Public Health LPN, 11/17/2025, $57,158.00 (SCH)
Tonya Williams, Public Health LPN, 11/17/2025, $57,158.00 (SCH)
Tiara Parker, Public Health LPN, 11/17/2025, $57,158.00 (SCH)
Erica Radcliff, Public Health Nurse 1, 80%, 11/17/2025, $64,221.60 (SCH)
Kimberly Collins, Public Health LPN, 11/17/2025, $57,158.00 (SCH)
Adrian Cilento, Animal Control Officer 1, 11/17/2025, $52,414.00 (MACC)
Maribel Taveras, Office Support Rep. Senior, 11/17/2025, $46,025.00 (LPHC)

REHIRES

Samantha Durham, Public Health Nurse 48%, $40.02 hourly, 11/17/2025 (SCH)
Martha Castaneda Urbiola, Office Support Specialist 2, 11/24/2025, $52, 414.00 (PHEP)

TERMINATIONS (VOLUNTARY)

Meghan Lucido, Health Manager 2, 11/07/2025 resigned (Behavioral Health)
Syed Mian, Animal Care Assistant 1, 11/07/2025, resigned (MACC)
Travis Beeler, Seasonal/Part-time/Temp., 11/18/2025, resigned (MACC)
Virgina Davis, Seasonal/Part-time/Temp., 11/18/2025, resigned (SCH)
Kayla Hartman, Nutritionist 1, 11/25/2025, resigned (WIC)
Carolyn Acton, Seasonal/Part-time/Temp., 11/24/2025, resigned (EHW)

PROMOTIONS

Sequio Pigg, Office Support Specialist 1, promoted to Office Support Specialist 2, effective 11/22/2025 (STD)
Carolyn Broyles, Office Support Specialist 1, promoted to Office Support Specialist 2, effective 11/22/2025 (DEN)
Abraham Mukolo, Health Manger 3, promoted to Bureau Director 1, effective 11/22/2025 (ESPPE)