

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:
 My child attends the following school:

 Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

_____ Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

_____ Signature - Parent or Legal Guardian Date



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____
 Check here if no eligibility number

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: * * * * - * * * - _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL
 The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

I do elect to allow my household information to be disclosed.

I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:
 The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:
 In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

INSTRUCTIONS FOR CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE)

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC (see illustration).

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Form TF0001
October 2006

TEXAS
Health and Human
Services Commission

Case Number: **X** Date: _____

Notice of Case Action

Medicaid Programs
Food Stamp Program

Contact Name: Generic Worker Taa001 Contact Phone: 214-741-2111

Period	Action	Benefit	Who's Included

Eligibility Group Number: 12345678

EDG =
Eligibility Determination Group #
8-9 digit number

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have an eligibility number, skip this part.

Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. See next.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

CACFP STUDENT ENROLLMENT

CM-1500

participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to annually review and make changes to enrollment data.

CHILD INFORMATION									
Center Enroll Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Ethnic Identity (Check One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	SITE / SPONSOR USE ONLY Withdrawal Date: ___/___/___ Re-Enroll Date: ___/___/___							
Child's First Name <input type="text"/>	Racial Identity (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Am. Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander								
Child's Last Name <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female								
Child's Birth Date <input type="text"/> / <input type="text"/> / <input type="text"/>									
Normal Days in Care Center's Days of Operation: <table style="display: inline-table; border: none; margin-left: 10px;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">M</td> <td style="border: 1px solid black; padding: 2px 5px;">T</td> <td style="border: 1px solid black; padding: 2px 5px;">W</td> <td style="border: 1px solid black; padding: 2px 5px;">TH</td> <td style="border: 1px solid black; padding: 2px 5px;">F</td> <td style="border: 1px solid black; padding: 2px 5px;">SA</td> <td style="border: 1px solid black; padding: 2px 5px;">SU</td> </tr> </table>	M		T	W	TH	F	SA	SU	
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PARENT / GUARDIAN INFORMATION	
<p>I certify the information on this form is true and correct to the best of my knowledge and that I have received access to WIC and CACFP literature within the last 12 months.</p> <p style="text-align: center; margin-top: 20px;"> </p> <p style="text-align: center; margin-top: 5px;"> </p> <p style="text-align: center; margin-top: 5px;"> </p>	<p>Parent First Name <input style="width: 100%;" type="text"/></p> <p>Parent Last Name <input style="width: 100%;" type="text"/></p> <p>Cell Phone <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/></p>
SITE / SPONSOR USE ONLY	

Non - Discrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Parent Handbook

Welcome

Welcome to Future Generations Christian Childcare family. Thank you for entrusting your child(ren) to us. Future Generations is a ministry of Waxahachie Life Church and our goal is to provide a secure environment for your child(ren) while you work to provide for them.

Mission Statement

Future Generations provides a safe Christian-based environment for children and their parents. We care for your kids in many ways! Through weekday childcare and after school programs. We look forward to providing and promoting healthy and safe growth for your child while instilling Christian principles and other necessary principles to be successful in this present world. Parents rest assure that your child is in good hands because here at Future Generations we place every child in the hands of God.

Train up a child in the way he should go; and when he is old, he will not depart from it.

Proverbs 22:6

Hours of Operation/Schedule

FGC3 is open year around Monday through Friday 6:00 am to 6:30 pm (except the holidays listed below). Each classroom has a daily schedule posted by the door that reflects a typical day for that class.

Holidays & Closings

FGC3 will be closed for the following holidays and special days:

New Year's Day
Martin Luther King Day
Good Friday
Memorial Day
July 3rd (in Observance of Independence Day)
Labor Day
Thanksgiving
Day after Thanksgiving
Christmas Eve
Christmas Day

Arrivals & Departures

Children will only be released to a parent or the person designated by the parent. In order to pick up a child, the parent must present a valid identification card to the caregiver. Any biological parent can pick up the child, as long as the parent can prove they are the parent.

In the event a parent of his/her designated person is unable to pick up their child, and the individual is not listed in the child's records the following procedures will be implemented:

Parent notifies the director that he/she is unable to pick up the child.

Director writes down the name of the individual designated to pick up the child along with the individual's license number.

Director then gives the parent a “code word” for the designated person to give to the director upon arriving at the center.

Director will verify and make a copy of the driver’s license, document the make and model of the automobile/license plate and document that the individual knew the accurate “code word” to pick up the child.

Once the individual has been verified as the person designated to pick up the child, then and only then will the child be released.

Upon arrival, please be sure a staff member is fully aware (per verbal communication) that your child is arriving or leaving. These times can get chaotic when there are several families arriving all at once, so for the safety of all please verbally communicate with the staff member on duty to ensure that your child is being signed-in and or signed-out. The Center is required to maintain daily attendance records. These 'Sign-In & Sign-Out Attendance Sheets' are extremely important to ensure that all children are present and safe throughout the day and during evacuation drills as well.

We ask that if you have more than one child in the center that you pick-up the youngest first or drop off the youngest last.

Arrival Time

For the convenience of our parents, the Center opens daily at 6:00 am. Depending on their age, children may need to be dropped off in rooms other than their assigned class, since teachers have different starting times.

We ask parents to bring children to the Center no later than 9:00 am each day they attend. There are several important reasons for this, all of which involve the welfare and happiness of all the children.

Many of the most important activities of each day take place during the morning hours starting at 9:00 am. Children who skip some of these activities because of their late arrival often "miss out" on a favorite play period, circle time, story time, or projects. When children arrive late it is disruption for the other kids that are focused on a project or in the middle of circle time.

These morning hours usually include planned group activities, which are important in helping children develop social skills and abilities involving interaction with their peers as well as self-discipline.

If you expect to bring your child to class late, please plan with the teacher prior or contact the Center ahead of time. It is difficult for our teachers to properly plan and conduct their classes if children are allowed to "drop-in" at any time.

Saying "Goodbye" (Separation)

To help achieve the goal of allowing your child to become independent, emotionally healthy, and well adjusted, we recommend the following practices with children age two and older:

- *If possible, children should be walked in, not carried

- *Present your child to the teacher on arrival. The greeting between teacher and child is invaluable. Many things about the child's health and state of mind can be determined in that brief time and nothing should interfere with it. The teacher will then help the child join into classroom activities.

- *Goodbyes at school should be part of a normal, everyday routine every child goes through. Separation should be sweet and brief, with reassurance about the planned pick-up time.

*Parents should encourage children to make friends with the teachers and look forward to being at school without feeling guilt or disloyalty to a parent.

Cell Phone Policy

****Parents may not use cell phones during drop-off or pick-up!****
If you need to use the phone do so outside the Center before entering FGC3 or after leaving.

Bad Weather

In bad weather situations such as: snow, icy roads, flooding, etc. listen to the local news; if the Waxahachie ISD closes for bad weather or delays opening, then FGC3 will also be closed or delay opening. Should WISD deem it necessary to close school early due to inclement weather, we will also close early and notify parents via phone call, email and or post to social media as to when the Center will be closing.

Emergency Preparedness Plan

In the event of an emergency that DOES NOT require evacuation of the facility, (tornado warning, lockdown) all children and caregivers will be directed to the Small Group Activity Room located near the center of the facility. An emergency preparedness box which will contain Emergency Preparedness Plan, contact information for all enrolled children and caregivers, non-perishable snacks/bottled water, flashlights and quiet activities for children.

In the event of an emergency that DOES require evacuation of the facility, (fire, major structural damage) all children and caregivers will exit the facility in a calm, orderly fashion following the fire evacuation routes and meet in front of the facility. The director or director-designee will carry the Emergency Preparedness Backpack which will contain emergency contact information for all enrolled children and caregivers. Once all children and caregivers are accounted for, we will relocate to the Community Funeral Home office located at 1412 M.L.K. Jr. Blvd, Waxahachie, TX, 75165, phone: 972-937-5380. Upon arrival at the Community Funeral Home, the director or director-designee will notify parents of the emergency and arrange for parents to pick up their children.

If the center has to evacuate our side of town we will relocate to Connect 4 Life Church 1971 John Arden Dr Waxahachie, TX 75165

Tuition

Full tuition is due on Monday of each week for that week. Payment is considered late after Tuesday at 6:30 p.m. Late payments will incur a \$10.00 late fee each day thereafter. No checks or cash will be accepted.

Acceptable Payment Policy

FGC3 will not accept checks or cash. Payments must be in the form of debit cards or money orders and must be paid at FGC3's facility.

There are no refunds or credits for any reason(s) under any circumstance(s).***

Late Pick-Up Charge

If a child leaves the Center after 6:30 p.m. for any reason, there will be a late pick-up fee of \$1.00 per minute due upon arriving the next day and if not paid your child(ren) will be suspended.

Also at 6:45 p.m. we will contact your emergency contact(s) to pick up your child.

Absences

If your child will be absent from the Center for any reason you must call and notify us for as soon as you are aware of it. Will need a clearance note if a medical reason.

Health & Medical Policies

The Center is required to have on file a physician's report verifying overall good health and required immunizations. Current information on immunization status must be maintained while the child is enrolled. If your child is behind on immunizations, the Center has the right to refuse care until they are current. The parent is still responsible for tuition during this time.

Children are to be checked upon arrival each day for any visible indications of illness. If a child appears ill while at the Center, parents will be contacted and asked to pick up the child immediately. If the child remains at the Center after one hour has lapsed, a sick child care rate of \$15.00 per hour will be due upon arrival the following day. The main reasons for excluding children from the Center are:

An illness prevents the child from participating in routine activities.

An illness requires more care than the staff can provide without compromising the needs of the other children in the group.

A child's presence poses an increased risk to others with whom the child may come in contact.

The Center cannot admit any child appearing to be sick without a written statement from a doctor or registered nurse certifying no contagious disease is present.

Children should be kept at home when they meet the following exclusion criteria:

Rectal temperature of 100.4 or higher or underarm temperature of 99.4 or higher, in the past 24 hours.

Conjunctivitis ('pink eye'), redness of the eye and/or lids, usually with yellow discharge and crusting.

Bronchitis, which begins with hoarseness, cough, and a slight elevation in temperature. The cough may be dry and painful, but gradually becomes productive.

A rash you cannot identify which has not been diagnosed.

Impetigo: red pimples, which become small vesicles surrounded by a reddened area. When blisters break, the surface is raw and weeping. Look for signs in neck, creases, groin, underarms, face, hands, or edge of diaper.

Diarrhea three or more times within 24 hours (watery or greenish BM's that look different and are more frequent than usual).

Vomiting within 24 hours (more than usual 'spitting up').

A severe cold with fever, sneezing, and nose drainage.

An unknown illness without obvious symptoms other than unusual paleness, irritability, tiredness, or lack of interest.

A contagious disease, including measles, chickenpox, mumps, roseola, strep throat, etc.

The Child must be clear of all symptoms for 24 hours before returning.

While we regret the inconvenience caused by strict adherence to these guidelines, our concern for all the children dictates a very conservative approach when dealing with health matters. Because of conflicting medical opinions about the advisability of re-admitting children receiving treatment who still appear ill, the Center will err on the side of safety when making such decisions and ask for your tolerance and understanding. Should your child contact a contagious illness, please notify the Center immediately so other parents can be alerted to the possibility of exposure. Guidelines issued by the Texas Department of Health dictate re-admission criteria. Contact the office for details.

Parents are encouraged to administer medication outside the Center. At the discretion of the Director, a Center staff member may administer medication, on a 'best efforts' basis.

The Center and its staff accept no responsibility or liability for any error or omission regarding administration of medication.

All medication must be furnished in the original prescription container, with an appropriate dispense, marked with the child's name, date, and directions for use; placed in a labeled plastic (zip-locked) bag, and handed to a staff member with a fully completed and signed MEDICATION AUTHORIZATION FORM.

All medication will be kept in the center office in a lock box. Only the person in charge at the time of dosage will administer the medicine to the child.

Medical Emergency

In the event of an injury or medical emergency, trained staff will immediately administer first aid and notify a Director if further assistance is needed. If we believe the situation may call for parent involvement or professional medical attention, the Center will attempt to contact a parent or other authorized emergency contact. If the condition is serious, the Center will call 911 for an EMT.

An Emergency Medical Consent Form must be completed and signed before any child is accepted for enrollment.

All injury incident reports will be reported to the TDFPS and an internal investigation will be conducted to determine the cause of the injury to make necessary corrections/repairs to prevent future injuries.

Immunization Requirements

Each child enrolled or admitted to the center must meet and continue to meet applicable immunization requirements specified by the Texas Department of State Health Services (DSHS). This requirement applies to all children in care from birth through 14 years of age.

Each must maintain current immunization records, including any immunization exemptions or exceptions.

All immunizations required for the child's age must be completed by the date of admission, unless:

- (1) The child is exempt or excepted from an immunization, and the exemption or exception is verified by the date of admission; or

(2) The child is homeless or a child in foster care and is provisionally admitted for up to 30 days if evidence of immunization is not available. A referral will be given to get required immunizations done.

Acceptable documentation includes:

(1) An official immunization record generated from a state or local health authority, including a record from another state. For example, the record may be from the Texas Immunization Registry, a copy of the current immunization record that is on file at the pre- kindergarten or school that the child attends, or the health passport for a child in the conservatorship of DFPS.

The record must include:

- (A) The child's name and date of birth;
- (B) The type of vaccine and number of doses; and
- (C) The month, day, and year the child received each vaccination; or

(2) An official immunization record or photocopy. For example, the record may be from a doctor's office or a pharmacy. The record must include:

- (A) The child's name and date of birth;
- (B) The type of vaccine and number of doses;
- (C) The month, day, and year the child received each vaccination;
- (D) The signature (including a rubber stamp or electronic signature) of the health-care professional who administered the vaccine, or another health-care professional's documentation of the immunization as long as the name of the health-care professional that administered the vaccine is documented; and
- (E) Clinic contact information, if the immunization record is generated from an electronic health record system.

Hearing & Vision Screening

All children enrolled in a licensed facility who are 4 years old must have hearing and vision screenings on file at the Center. If your child is currently 4 years of age we must have this at the time of admission. (if applicable)

Parental Notification

The Center, at its discretion, may change any policy contained in the Parent Handbook in accordance with the Minimum Standards guidelines. Parents will be notified of any changes by email or written notice. All files will contain a phone number if the center needs to contact a parent or guardian immediately.

Discipline & Guidance

FGC3 takes a proactive, positive approach to discipline as a first step. The goal of discipline is to teach. Teachers provide clear expectations and consistent routines and procedures. Children will be gently redirected as necessary and will never be shamed in front of other children or parents. Positive reinforcement and praise will be used frequently. Teachers will use redirection and reminders as a form of guidance. As appropriate by age, teachers may also use:

- Redirection and reminders
- Reflective time-out not to exceed the child's age in minutes

Loss of privilege {never in the form of exclusion from snack, lunch, specials, or any other activities}

Individualized behavior plan

Teachers will notify parents as appropriate and will involve the Center Director as necessary to intervene with more serious or ongoing misbehaviors. Children will never be handled roughly, yelled at or have any form of corporal punishment. Minor misbehaviors will be handled in the classroom unless they become chronic and interfere with the safety of others. At that time, the child may be referred to the Center Director.

The Center Director will implement consequences based on each unique situation. Multiple referrals to the office may result in the child being sent home for the remainder of the day, being asked to stay home for a period of time, moving a child to another class and/or removal from the program.

Aggressive Behavior

All children need to be able to participate in FGC3 planned activities and be able to follow simple directions. As with all aggressive behaviors parents are notified with each incident. Aggressive and hurtful behavior includes, but is not limited to: biting, hitting, kicking, pushing and or pinching. Such behavior is not appropriate. We will use every appropriate method to help children control their behavior:

Step One: Teacher/Director Coaching the child and contact with the parent.

Step Two: Director, Teacher and Parent Conference

Step Three: Second Conference at which the parent maybe asked to find alternate childcare.

Any or all of the steps may be skipped or omitted as deemed appropriate, based on the extent of the aggressive behavior and circumstances.

Biting Policy

Biting is a common and normal part of child development. The goal of FGC3 child care teachers is to recognize triggers that cause biting and redirect a child before the incident occurs. In the event we are unable to intervene, the following steps take place:

The provider will first attend to the bitten child by comforting and then cleaning the bitten area. The child who did the biting will be removed from the setting and in an age-appropriate manner it will be explained that this behavior is unacceptable.

The incident will be documented and parents of both children will be notified. The parent of the biting child will be asked to work with their child in discouraging the behavior. We will not identify the child who did the biting or who was bitten.

Additional measures will be taken according to the specific situation as needed.

Termination Of Enrollment

Enrollment will be considered terminated if:

The Center receives one full month advance written notice of withdrawal, effective the last day of the month.

Payment is two weeks delinquent.

The Parents fails to comply with this Agreement, the Parent Handbook, or any other rules of the Center.

The Center, in its sole discretion, determines it is unable to meet the needs of the Child, or that it is not in the best interest of the Center or other children enrolled to have the Child continue in attendance.

There is serious illness or death of the Child.

The Center and its staff retain the sole right and responsibility to determine any disputed factual matters regarding termination of enrollment.

Safe Sleep for infants 12 months old or younger

Infants not yet able to turn over on their own must be placed in a face-up sleeping position in the infant's own crib, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that a different sleeping position for the child is medically necessary. You may not lay a swaddled infant down to sleep or rest on any surface at any time unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that swaddling the child for sleeping purposes is medically necessary.

Meals & Snack

Parents of infants (17 months or younger) are required to supply formula and all baby meals and snacks. Please do not bring foods not tried at home to the Center for meals as there may be an allergic reaction to a new food being introduced.

Nursing mothers may nurse at the center and/or provide breastmilk for their child while they are in care at the center. The Center's office may be used to breastfeed.

All containers and lids must be labeled with the child's name.

FGC3 will provide healthy snacks and meals to all children who have transitioned from formula and baby food to milk and "big kid" food. The exception to this policy is if your child has special dietary needs, then the parent will be required to provide snacks and meals. Parents can send food to the daycare with their child(ren) if desired. Food will not be shared among the students. Notify the Director of any special dietary restrictions. The Center must receive the written statement of a physician or a licensed dietician for special therapeutic diets. Our staff is educated on food allergies, children in care that have allergies, and the precautions used to protect those children.

Breakfast will be provided for early arrivals. Breakfast will be served until 8:30 a.m., therefore please ensure your child is fed if you arrive after 8:30 a.m.

Food and drinks are not allowed on the playgrounds.

Nutritious morning and afternoon snacks, milk, and juice are provided by the Center and have been reviewed by a Licensed Dietician. Posted weekly, menus are varied, with fresh fruits and vegetables included whenever possible.

Our staff will not use food to reward or punish children.

A child must will not go more than three hours without a meal or snack being offered, unless the child is sleeping.

Enrollment for existing openings consist of the following:

Completing all enrollment forms, providing updated shot records and submitting the required non-refundable fee. All of this must be completed and turned in 24 hours prior to beginning.

Parents may make changes to any of the enrollment forms at any time if your personal information changes, such as: address, phone numbers, place of employment, emergency

contact(s), authorized person(s) pick-up list, etc... Please stop by the office and or email us the changes to fgccc@outlook.com

Parent Conference

Should you have questions regarding your child's care or other concerns at any other time of the year, please feel free to contact the Center Director and schedule an appointment.

Visitation

The Center has an Open Door policy on parent visits. We recognize and support parent's desire to see and spend time with their children whenever they can. Please feel free to interact with your child, assist him/her with activity as this can be a wonderful bonding experience. We do ask that you be consciences of the prepared lesson and allow the teacher and children to continue with the lesson should your visit coincide with learning activities. When choosing to visit please be mindful of nap time. Entering and exiting the building can be disruptive to the children that are napping.

Child Abuse

The Center is required by law to report any apparent incidence of child abuse or neglect defined as "non-accidental infliction or threat of infliction of physical, emotional, or mental harm to a child."

All such reports must contain the name and address of the child, the name and address of the person responsible for the care of the child, and any other pertinent information.

Child Care Regulations

The office has posted copies of the Center's License, most recent licensing inspection report, and other required notices. A copy of the Texas "Minimum Standard Rules for Licensed Child Care Centers" is available in the office and on the web at: www.tdprs.state.tx.us/child-care/child-care-standards=and-regulations/pdf/final1746.pdf

Parents should also be aware of the following important contact information:

Local Child Care Licensing Office:

Dallas Office

8700 North Stemmons Freeway, Suite 104

Dallas, Texas 75247

(214) 583-4253

(800) 582-6036

Texas Child Abuse Hotline: 1-800-252-5400

Child Care Licensing Web Site: http://www.dfps.state.tx.us/child_care/

Child Abuse and Neglect

Employees will be required to take annual abuse training

All employees will have proper background checks performed

Employees aware of factors indicating a child is at risk of abuse or neglect

1. age
2. health
3. disabilities

Employees will be taught of warning signs indicating a child may be a victim of abuse or neglect

1. has unexplained burns, bruises, bites, broken bones, or black eyes
2. frequently absent
3. consistently dirty or bad body odor

Methods for increasing employee awareness of prevention techniques for child abuse

1. make sure all accident reports are properly documented; legal obligation to report suspected abuse or neglect
2. employees will be aware of any unauthorized access to the center and children
3. provide a daily environment that supports positive social and emotional development for children
4. if parent has a concern about their child respond promptly
5. maintain proper adult-child ratios to ensure children are receiving quality care from caregivers
6. tell parent about the good things that happen each day

Methods for increasing parent awareness of prevention techniques for child abuse

1. family participation at the child care center
2. maintain positive relationship between parent and childcare center
3. continuous communication
4. making sure release of child only by those trusted
5. help parents access and spread the word of community resources

For reporting child abuse and neglect

1. notify child abuse hotline 800-252-5400
2. notify director
3. notify childcare licensing

Community organizations that have training programs available

1. Dallas Children's Advocacy Center
5351 Samuell Blvd
Dallas, TX 75228
214-818-2600

Gang Related/Criminal Activity

Gang-related criminal activity or engaging in organized criminal activity within 1000 feet of a child care center is in violation of the law and is therefore subject to increased penalties under sections 71.028 and 71.029 of the Texas Penal Code.

Safety

The following safety precautions have been established to help ensure the safety of children and staff:

Emergency evacuation drills, shelter in place, fire and tornado drills are held regularly without notice. Parents present are expected to participate in the drill.

Emergency exit plans are posted in every classroom.

The daily record of children's arrivals and departures is used as an attendance checklist during safety drill.

There will be a certified First Aid and CPR staff at the center at all times

Vaccine-Preventable Diseases

City of Waxahachie Health Department does not require employees to obtain vaccines before working in a daycare facility. However, safety measures will be taken to ensure the safety of the children when needed.

Caregivers must follow universal precautions outlined by the Centers for Disease Control (CDC) when handling blood, vomit, or other bodily fluids that may contain blood including:

1. Using disposable, nonporous gloves;
2. Placing gloves contaminated with blood in a tied, sealed, or otherwise closed plastic bag and discarding them immediately;
3. Discarding all other gloves immediately after one use; and
4. Washing hands after using and disposing of the gloves.

Clothing and Personal Belongings

Children's clothing should be comfortable, allowing complete freedom of movement, washable, and suitable for daily indoor and outdoor activities. Since children spend time outdoors almost every day, parents should consider weather conditions when planning daily dress. To encourage development of independent bathroom skills, children's clothing should be easy for them to manipulate with minimum assistance.

Children must wear shoes which are practical as well as comfortable. Sandals and flip-flops are not allowed. Girls should wear shorts under dresses and skirts.

FGC3 asks that each child have his/her own backpack that will be used to carry daily communications, a complete change of extra clothing and other items your child may require during the day.

If your child requires diapers or wipes please make sure to send more than enough.

Accidents can happen and we want to make sure the child has enough diapers to get them through the day. If the child runs out of diapers or wipes we will use what we have at the center. We do highly recommend that you leave extra diapers or wipes at the center.

Children at the Center are required to go outside twice a day. Therefore we recommend you send sunscreen or bug spray if you want your child to wear this to go outside.

Except for special items needed to smooth the transition from home, toys and personal belongings should remain at home. This will avoid lost possessions and hurt feelings. The Center will make reasonable efforts to safeguard children's personal belongings and clothing, but will not be responsible for lost or damaged items. Everything that your child brings or wears to school should be permanently labeled. Anything left at the center more than 30 days after termination of services will be discarded due to room space.

Candy, gum, and money should never be brought.

Candy, gum, and money should never be brought to the Center by the children. Such items will be confiscated and returned to the parent.

Parties

Birthdays are an especially exciting time for young children and the Center will be pleased to help your child celebrate with classmates and staff. Please discuss this with your child's teacher prior to the date. We must post any snack schedule changes 48 hours in advance. Also, all parties need to be scheduled a minimum of 30 minutes after nap-time.

Licensing regulations prohibit any type of open flame in the Center, birthday candles are not permitted.

Throughout the year we will honor different holidays with small celebrations. We may request that parents assist in supplying special "goodies" for these celebrations. Please remember that all food items must be store bought with labels attached. No homemade items are permitted.

Screen Time

Television is very limited. It will be listed on the classrooms Lesson Plans.

Physical Activities

If weather permits, all children will go outside daily, including infants. During inclement weather, we will have large motor skill activities indoors.

Toilet Training

With cooperation from the parents, our program will help toilet train children. When the parents and staff agree that the child is ready for toilet training, they will discuss training methods that should be consistent between home and child care center times.

Grievance Procedure

If a problem exists, the Center wants it corrected as quickly as possible. This can only be achieved if it is identified immediately. Parents with concerns should schedule a conference with the Director and or Teacher. If the Director is still unable to arrive at a solution satisfactory to the parent then the matter should be brought to the attention of the owner.

Non-Discrimination

Children all races, nationalities, and religions are welcomed.

Future Generations Transportation Policy

All vehicles will be used to transport children to and from school and will meet Texas motor vehicle standards and be properly insured as required by the state of Texas. All transporting vehicles will have a first aid kit and fire extinguisher on board and current insurance identification card. When children are being transported, at least one person accompanying the children in the vehicle will have current CPR and First Aid course completion. All transporting vehicles will always be maintained in safe operating condition. The center contact information will be in the vehicle.

The driver of the transporting vehicle will always carry with him/her during transportation a check off list of children being transported, emergency contact information and authorization for emergency medical treatment for each child.

Loading and Unloading

Children will be loaded and unloaded in front of the center, curbside. All children entering the transporting vehicle will be documented on the transportation roster. Children will be safely secured in the age appropriate safety restraint device before the vehicle is put in motion. Upon reaching destination, children will be documented leaving the vehicle and being turned over to the appropriate supervising adult. When completing the transportation of the children and upon leaving the vehicle, the driver will use the electronic child safety alarm to ensure that no child is not left unattended in the vehicle.

Field Trips

Once a field trip is planned, permission slips with permission to transport children will be secured for each child participating. Emergency contact information will be attached to the master list of all children attending as well as all employees/volunteer* caregivers attending the field trip will be carried by the designated leader of the field trip. Each employee/volunteer caregivers will have a list of all children attending the field trip. Each child attending will wear a badge with the center name, address, phone number, field trip leader's name and cell phone number. All employees/volunteers will wear center t-shirts and carry either center or personal cell phones while on field trip. Employees/Volunteers will do periodic head counts to assure that all children are present and accounted for while on the field trip. Minimum standard transportation requirements will be implemented in transporting children to and from the field trip.

Caregiver	Telephone No.
Address	

AGREEMENT

I, _____, agree that _____,
(Parent) (Caregiver)

will care for _____,
(Children)

beginning on _____, _____, _____,
(month) (day) (year)

Care will include the following meals and snacks:

- Breakfast Morning Snack Lunch Afternoon Snack Supper

I will pay a Weekly Monthly fee of \$ _____. Payment is due in advance on _____.

If this fee is not paid by that day, a penalty of \$ _____ will be charged, or my child must be withdrawn from care.

My children will be in care between the hours of _____ and _____ on _____,
(time to arrive) (time to leave) (days)

Care outside of these hours will require an additional fee of \$ _____ for each _____ minutes, which will be paid the same day.

When I withdraw my child(ren) from care, I will give at least _____ weeks advance notice.

Signature-Parent Date

Signature-Caregiver Date

Late Pick-up Policy Enforced

Starting December 17, 2018, we will be enforcing our "late pick-up policy." Per our Parent Handbook states, "If a child leaves the center after 6:30 pm for any reason, there will be a late pick-up fee of \$1.00 per minute due upon arriving the next day and if not paid your child(ren) will be suspended until payment is received.

We understand **EMERGENCIES** do happen. Therefore, phone call are greatly appreciated!

Thank you for your cooperation,
Future Generations

Parent Signature:

Date:

AUTHORIZATION FOR DISPENSING MEDICATION

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Disposition of Left-over Medication		
Returned to Child's Parent/Guardian	Thrown Away	Date:

Requirements Regarding Gang-Free Zones **For Child Care Centers**

As a result of House Bill 2086 that passed during the 81st Legislature, Regular Session, Chapter 42 of the Human Resource Code includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed child care centers. The following is a tip sheet to assist in complying with the new law. This information may be posted at your child care operation or copies may be provided to parents.

What is a gang-free zone?

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your child care center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

How do parents know where the gang-free zone ends?

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or court house for information about obtaining a copy of a map if they choose to do so.

What is the purpose of gang-free zones?

Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

What does this mean for my day care center?

A child care center must inform parents or guardians of children attending the center about the new gang-free zone designation. This means parents or guardians need to be informed that certain gang-related criminal activity or engaging in organized criminal activity within 1000 feet of your center is a violation of this law and is therefore subject to increased penalty under state law.

When do I have to comply with the new requirements?

The law is already in effect, so providers should begin sharing information regarding gang-free zones immediately. Licensing staff will offer technical assistance to facilitate compliance until rules are proposed and adopted, which is estimated to occur in March 2010. In the meantime, providers should update their operational policies and procedures to include providing the information mandated by this law to the parents or guardians of the children in care.

For further information please contact your licensing representative or your local licensing office.

Emergency Medical Consent Form

Future Generations Christian Childcare Center's staff has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if I am delayed in reaching my child and medical intervention is necessary.

Mother's/Guardian Name _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Personal Email Address: _____

Father's/Guardian Name _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Personal Email Address: _____

Insurance Information: (Attach a copy of insurance cards to this form.)

My insurance provider is: _____ Group #: _____

My child's medical record number is: _____

Hospital/treatment center: _____

My child is taking the following medications: _____

My child has the following allergies: _____

_____ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in childcare.

Mother's/Guardian Signature

Date

Father's/Guardian Signature

Date

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

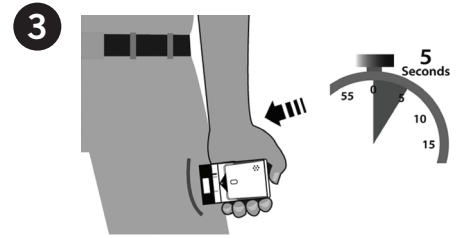
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

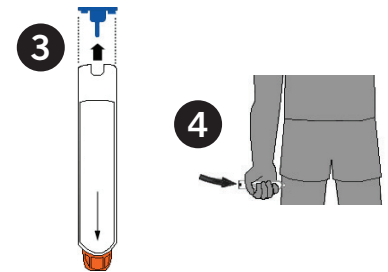
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



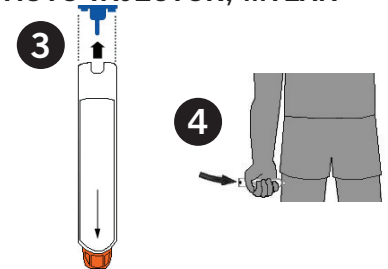
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



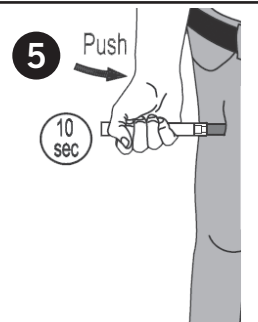
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____



INFANT-SLEEP EXCEPTION HEALTH-CARE PROFESSIONAL RECOMMENDATION

Purpose: When a health-care professional determines that it is medically necessary for an infant to sleep in an alternative position (other than sleeping on the infant's back), sleep in a restrictive device (such as a bouncer seat or swing), or needs to be swaddled to sleep, use this form to ensure that a licensed child-care center, licensed child-care home, or registered child-care home that cares for the infant meets the minimum standards required by Texas Human Resources Code §42.042(e)(8). The standards for these operations require the operation to:

- follow the directions of an infant's health-care professional to provide specialized medical assistance to the infant; and
- maintain, while active, this form and any other directions from the health-care professional that the parent provides to the operation [See §746.603(a)(10) or §747.603(a)(9)]. Keep the exception form in the infant's classroom, so that a caregiver may refer to the health-care professional's instructions.

Directions: This exception will not be effective until all sections and signatures are complete. Once completed the exception is acceptable for use by the child-care operation.

INFANT'S INFORMATION		
Infant's Name:	Infant's Date of Birth:	Infant's Age:
Parent/Guardian's Name:		
Address:		
Home Phone:	Work Phone:	
Fax:	Email:	

The infant's health-care professional must complete the following section.

HEALTH-CARE PROFESSIONAL INFORMATION	
Name of Infant's Health-Care Professional:	
Name of Practice:	
Address:	
Phone:	Fax:
Email:	

HEALTH-CARE PROFESSIONAL INFORMATION

The Texas child care minimum standards (§§746.2426, 746.2427 and 746.2428 for child-care centers or §§747.2326, 747.2327 and 747.2328 for licensed or registered child-care homes) require child-care operations to place all infants on their backs to sleep in a crib and to ensure that infants do not sleep in restrictive devices and are not laid down to sleep swaddled. But based on the advice of the infant's health-care professional, when medically necessary the center may be authorized to use an alternative-sleep position, restrictive device, or swaddle for the infant due to medical reasons.

The above-named infant has the following medical condition that necessitates an alternative-sleep position, allow for sleep in a restrictive device, or requires swaddling for sleeping:

Please describe the appropriate sleep position/restrictive device/ swaddling technique to be used for the above-named infant and include the effective dates for the exception:

Effective Dates of Exception: from / / to / /

Health-Care Professional's Signature:

Date Signed:

WAIVER OF LIABILITY

- I affirm and acknowledge that the below-named child-care operation has provided me with the operation's safe sleep policy.
- I further authorize the child-care operation and its caregivers to place my infant in an alternative-sleep position, restrictive device, or swaddling at the recommendation of my infant's health-care professional, as described above.
- I, as the parent or guardian of the above mentioned infant, release and hold harmless the below-named child-care operation, its officers, directors, caregivers, and employees from any and all liability whatsoever associated with harm to my infant due to Sudden Infant Death Syndrome (SIDS).

Parent or Guardian's Signature:

Date Signed:

An authorized official with the child-care operation must complete the following section.

CHILD-CARE OPERATION INFORMATION AND SIGNATURE

Name of Child-Care Operation:

Operation Number:

CHILD-CARE OPERATION INFORMATION AND SIGNATURE

Operation Representative's Signature:

Date Signed:

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy at: <http://www.dfps.state.tx.us/policies/privacy.asp>.

INFANT FEEDING INSTRUCTIONS

Child's name: _____ Date of birth: _____

Feeding:

Type of Milk or Formula: _____

Bottle: Yes ___ No ___

Allergies: Yes ___ No ___

Explain: _____

Foods Introduced: _____
 See Attached List.

Consistency: Puree _____ Junior _____ Table _____

Food Likes: _____

Food Dislikes: _____

Method of Feeding: _____

Utensils used: Cup: _____ Fork: _____ Spoon: _____ Other: _____

Explain: _____

Feeding schedule and updates:						
Date	Time	Foods	Amount	Time	Foods	Amount

Comments: _____

Date: _____ Parent's signature: _____

Update as new foods are introduced or changes occur

Post in kitchen and activity area

Retain for 3 months

FOODS LIST

Child's Name: _____

<u>Foods:</u>	<u>Date introduced at home:</u>	<u>Foods:</u>	<u>Date introduced at home:</u>
Vegetables:	_____	Meats:	_____
Peas	_____	Veal	_____
Green Beans	_____	Beef	_____
Squash	_____	Chicken	_____
Sweet Potatoes	_____	Lamb	_____
Carrots	_____	Turkey	_____
Potatoes	_____	Ham	_____
Creamed Corn	_____		
Creamed Spinach	_____		

Fruits:

Apple Sauce	_____
Bananas	_____
Peaches	_____
Pears	_____
Prunes	_____
Plums	_____
Apple Strawberry	_____
Banana Strawberry	_____
Raspberry Cobbler	_____
Banana Pineapple	_____
Tropical Fruit Blend	_____
Apricots	_____
Bananas w/Apples	_____
Prunes w/Apples	_____

Cereals:

Rice	_____
Oatmeal	_____
Banana	_____
Mixed	_____

Mixed Foods:

Veg/Ham	_____
Veg/Bacon	_____
Veg/Turkey	_____
Apples/Turkey	_____
Apples/Chicken	_____
Pears/Chicken	_____
Mixed Turkey	_____
Chicken Noodle	_____
Lasagna	_____
Spaghetti	_____
Veg/Pasta	_____

Additions not listed:

Comments and additional information: _____

Date: _____

Parent's Signature: _____

All feeding instructions must be retained for three months per R9-5-502C.3.c.

Future Generations Christian Childcare Center

Permission to Photograph/Video

I, _____ give permission for

(Parent's or guardian's name)

Future Generations Childcare Center to photograph or video my child.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or guardian signature, and date)

Infant Declaration Form:

Child Care Center Name _____

INSTRUCTIONS TO PARENTS:

Complete **BOTH** sections on this form. Sign and date where indicated. Submit to child care provider.

Section 1

Infant's Name _____ Birth Date ____ / ____ / ____

Parent's Name _____

My Child is allergic to the following foods:

(A Doctor's note is required for any foods that cannot be substituted within the same food group.)

Section 2

Your child care provider offers the following infant formula(s): _____

Parent Declaration - Select only **ONE** of the following options.

Center will provide ALL meal components for infant named above.

OR

Parent will provide ALL meal components for infant named above.

OR

BOTH PARENT and CENTER will provide meal components for infant named above, as indicated below:

	<u>0-5 Months</u>	<u>6-11 Months</u>
() Center OR () Parent will provide Iron Fortified Infant Formula / Breast Milk	()	()
() Center OR () Parent will provide Iron Fortified Infant Cereal		()
() Center OR () Parent will provide Infant Fruits/Vegetables		()
() Center OR () Parent will provide Infant Meats		()
() Center OR () Parent will provide Crusty Bread/Crackers		()

*** This form must be updated and submitted any time there is a change in Section 2.

I understand that once my infant child turns 6 months of age, it is my responsibility to notify the child care center director as to any limitations of solid foods that my infant child is not developmentally ready to receive.

Parent Signature () _____ - _____ / ____ / ____
Parent Phone Number Date

Please include your phone number so our CACFP Sponsor can contact you if they have any questions.

Please wait...

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Future Generations Christian Childcare Center

Acknowledgement of Policies

I, _____ and _____ have read and understand all Policies and Guidelines of Future Generations Christian Childcare Center.

We agree to abide by all policies stated in the Parent Handbook. We understand that we will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Future Generations Christian Childcare Center will be made in writing and will be followed up in a timely manner.

We also understand that any breach of policies may be grounds to terminate childcare. A two-week notice will be given in such circumstance unless the infraction is severe enough to warrant termination without notice.

This arrangement will come into effect on _____.

Parent Signature _____

Today's Date _____