

11720 Montana Ave., Bldg. B contact@mylittlefootsteps.com

El Paso Texas 79936 www.mylittlefootsteps.com {915}849.9959

Schedule of Activities

| 5:00 | Open Daycare |
|-------------|--|
| 5:00-7:30 | Free Play in Center |
| 7:30-8:30 | Breakfast |
| 8:30-10:30 | Activities (Please refer to the classroom lesson plan) |
| 10:30-11:30 | Lunch |
| 12:00-2:00 | Nap Time |
| 2:00-2:45 | Diapering and Cleanup |
| 2:45-3:45 | Snack |
| 3:45-5:15 | Activities (Please refer to the classroom lesson plan) |
| 5:15-6:15 | Dinner |
| 6:15-6:25 | Activities (cleanup) |
| 6:30 | Close Daycare |

Supplies Needed

Infants/Older Infants:

Diapers
Wipes
Extra Clothes
Small Blanket for Nap Time
Bibs
Pacifier (if needed)
Bottles (enough for the day)
Formula or Breast Milk
Shot Records
Physician's Statement
16qt Cubbie with Lid
Crib sheet for nap mat
Sunscreen
Bug Repellant

Preschool

Extra Clothes
Wipes
Small Blanket for Nap Time
Shot Records
Physician's Statement
16qt Cubbie with Lid
Crib sheet for nap mat
Sunscreen
Bug Repellant

Toddlers

Diapers/Pull-Ups/Underwear
Wipes
Extra Clothes
Bibs
Small Blanket for Nap Time
Shot Records
Physician's Statement
16qt Cubbie with Lid
Crib sheet for nap mat
Sunscreen
Bug Repellant

NO REFUNDS OR CREDITS

We do not offer credits or adjustments to tuition payments due to absences, holidays, vacation, termination of services by either party for any reason, or any other reasons.

WHAT'S INCLUDED?

Your tuition payment includes the following for all age groups:
All table foods for infants
4 meals per day for each age group
The use of our curriculum and materials
24 hours of care per week for Part Time
Unlimited hours of care per week for Full
Time (studies show children thrive when they spend a maximum of 10 hours per day with their childcare providers)

\$50 registration fee due at enrollment

Family photo for our family tree via text to 9157771038



Admission Information

| General Information | | | | | |
|---|--------------------------------------|-----------------------------|--|---|--|
| Operation's Name: Little Footsteps Dayca | ure & Learning | Director's Name: | ca Gonzal | ez | |
| Center Child's Full Name: | | Child's Date of Birth: | Child Lives Both par | | |
| Child's Home Address: | | Date of Admission: | | Date of Withdrawal: | |
| Name of Parent or Guardian Com | npleting Form: | Address of Parent or G | Address of Parent or Guardian (if different from the child's): | | |
| List phone numbers below where | parents or guardian may be reac | ched while child is in care | | | |
| Parent 1 Phone No.: | Parent 2 Phone No.: | Guardian's Phone No.: | | Custody Documents on File? Yes No | |
| In case of an emergency, call: | | - | | | |
| Name of Emergency Contact: | | Relationship: | | Area Code and Phone No.: | |
| Address: | | | | | |
| | | | | following persons. Please list name nated by the parent or guardian after | |
| Name: Area Code and Pho | | a Code and Phone No.: | | | |
| Name: | | | Area | a Code and Phone No.: | |
| Name: | | Area Code and Phone No.: | | a Code and Phone No.: | |
| | Cons | ent Information | | | |
| 1. Transportation: | | | | | |
| | transported and supervised by the | e operation's employees (| Check all that | at apply). | |
| for emergency care | on field trips | iome | chool | | |
| 2. Field Trips: | | | | | |
| O I give consent for my child to p Comments: | participate in field trips. O I do n | not give consent for my ch | nild to particip | pate in field trips. | |
| | | | | | |

| 3. Water Activities: | | | |
|-------------------------|---|--------------------------|--|
| I give consent for | my child to participa | ate in the following w | vater activities (Check all that apply). |
| ☐ water table play | sprinkler play | splashing or wadir | ng pools 🔲 swimming pools 🔲 aquatic playgrounds |
| Is your child able to | swim without assista | nce: O Yes O No | If no, what type of assistance is needed: |
| 4. Receipt of Written | Operational Policies | : | |
| I acknowledge receipt | of the facility's operation | onal policies, including | those for (Check all that apply). |
| Discipline and guid | lance | | ☐ Procedures for release of children |
| Suspension and ex | kpulsion | | ☐ Illness and exclusion criteria |
| Emergency plans | | | ☐ Procedures for dispensing medications |
| Procedures for cor | nducting health checks | | ☐ Immunization requirements for children |
| ☐ Safe sleep | | | ☐ Meals and food service practices |
| ☐ Procedures for par | ents to discuss concer | ns with the director | Procedures to visit the center without securing prior approval |
| | Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | | |
| Procedures for par | ents to participate in o | peration activities | Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |
| 5. Meals: | | | |
| I understand that the t | following meals will be | served to my child whi | ile in care (Check all that apply): |
| ☐ None ☐ Brea | akfast Morning s | snack | Afternoon snack Supper Evening snack |
| 6. Days and Times in | n Care: | | |
| My child is normally in | care on the following | days and times: | |
| Day of the Week | A.M. | P.M. | |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

| Child's Special Care Needs (check all that apply) | | | |
|--|---|---------------------------------|--|
| ☐ Environmental allergies | Limitations or restrictions or | n child's activities | |
| ☐ Food intolerances | Reasonable accommodations or modifications | | |
| Existing illness | Adaptive equipment (includ | le instructions below) | |
| Previous serious illness | Symptoms or indications of | complications | |
| ☐ Injuries and hospitalizations (past 12 months) | ☐ Medications prescribed for | continuous long-term use | |
| Other: | | | |
| Explain any needs selected above: | | | |
| | | | |
| Does your child have diagnosed food allergies? Yes No F | Food Allergy Emergency Plan Subr | mitted Date: | |
| Child day care operations are public accommodations under the Ame www.ada.gov/resources/child-care-centers/. If you believe that such may call the ADA Information Line at (800) 514-0301 (voice) or (800) | an operation may be practicing dis | | |
| Signature — Parent or Legal Guardian | Date Signed | | |
| School Age Children | | | |
| My child attends the following school: | | School Area Code and Phone No.: | |
| My child has permission to (check all that apply): | | | |
| walk to or from school or home ride a bus be released | to the care of his or her sibling und | ler 18 years old | |
| Authorized pick up or drop off locations other than the child's addres | S: | | |
| ☐ Child's required immunizations, vision and hearing screening, and | I TB screening are current and on f | file at their school. | |
| Authorization For Em | ergency Medical Attention | | |
| In the event I cannot be reached to arrange for emergency medical c | are, I authorize the person in char | ge to take my child to: | |
| Name of Physician Address | | Phone No. | |
| Name of Emergency Care Facility Address | | Phone No. | |
| I give consent for the facility to secure any and all necessary emerge Signature — Parent or Legal Guardian | ncy medical care for my child. Date Signed | • | |

| | - | uirements for Exclusion from | - | |
|-------------------------|---|---|---|----------------------------|
| | ached a signed and dated affidavit s cribed by Section 161.0041 Health a | | | |
| | ached a signed and dated affidavit s denomination that I am an adherent | | ening conflicts with the tenets o | r practices of a church or |
| | | | | |
| | | Vision Exam Results | | |
| Right Eye 20 | / Left Eye 20/ OPas | s (Fail | | |
| Signature | | Date Signed | ı . | |
| | | Hearing Exam Results | | |
| Ear | 1000 Hz | 2000 Hz | 4000 Hz | Pass or Fail |
| Right | | | | O Pass O Fail |
| Left | | | | Pass Fail |
| | | | | |
| Signature | | Date Signed | I . | |
| Admission F | Requirement | | | |
| | loes not attend pre-kindergarten or s ted to the child care operation or wit | | | be presented when your |
| | re Professional's Statement: I have e day care program. | examined the above named child wi | thin the past year and find that h | ne or she is able to take |
| A signed a | and dated copy of a health care profe | essional's statement is attached. | | |
| O Medical di | iagnosis and treatment conflict with t f. I have attached a signed and date | he tenets and practices of a recogni d affidavit stating this. | zed religious organization, whic | h I adhere to or am a |
| My child h months of | nas been examined within the past ye admission, I will obtain a health care | ear by a health care professional and e professional's signed statement ar | d is able to participate in the day nd submit it to the child care ope | ration. |
| | | | | |
| Name of Hea | lth Care Professional, if selected | Address of Health Ca | re Professional, if selected | |
| Signature — | Health Care Professional | Date Signed | | |
| Signature — | Parent or Legal Guardian | Date Signed | | |

| Varicella (Chickenpox) | | | |
|--|---|--|--|
| Varicella (chickenpox) vaccine is not required if your child has had chic | kenpox disease. If your child has had chickenpox, please complete the | | |
| statement: My child had varicella disease (chickenpox) on or about [dat | te] and does not need varicella vaccine. | | |
| | | | |
| 01 | Data Cinnad | | |
| Signature | Date Signed | | |
| Additional Information F | Regarding Immunizations | | |
| For additional information regarding immunizations, visit the Texas Depimmunize/public.shtm. | | | |
| TB Test (I | f required) | | |
| Positive Negative Date: | | | |
| | | | |
| Gang F | ree Zone | | |
| Under the Texas Penal Code, any area within 1,000 feet of a child care | center is a gang-free zone, where criminal offenses related to | | |
| organized criminal activity are subject to harsher penalties. | | | |
| Privacy S | Statement | | |
| HHSC values your privacy. For more information, read our privacy police | cy online at: https://hhs.texas.gov/policies-practices-privacy#security | | |
| Sign | atures | | |
| Cigili | | | |
| | | | |
| Child's Parent or Legal Guardian | Date Signed | | |
| | | | |
| Center Designee | Date Signed | | |
| Physician or Public Hea | Ith Personnel Verification | | |
| Signature or stamp of a physician or public health personnel verifying immunization information above: | | | |
| | | | |
| | | | |
| 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.

| SIGNATURES | | | |
|-------------------------------------|--------------|--|--|
| This policy is effective on: (date) | | | |
| Child's name: | | | |
| Signed by: | Date signed: | | |
| X | | | |
| Director/Owner | | | |
| Signed by: | Date signed: | | |
| X | | | |
| Staff member | | | |
| Signed by: | Date signed: | | |
| X | | | |
| Parent | | | |



Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

| Signature | |
|---|---------------------------------|
| This policy is effective on the following date: | |
| Signed by: | |
| Role: O Parent O Caregiver/Employee | Household Member (CH. 747 only) |

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y
- Title 26, Chapter 747 Subchapter L: http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y
- Title 26, Chapter 744 Subchapter G: http://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y

Texas Department of State Health Services **Tuberculosis (TB) Questionnaire for Children**

| Name of Child | Date of Birth | | |
|--|--|--------------|---------------|
| Organization administering questionnaire | | Date | |
| Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted disease. It is spread to another person by coughing or sneezing TB germs into in by the child. | | | |
| Adults who have active TB usually have many of the following symptoms: couloss of appetite, weight loss of ten or more pounds over a short period of time | | | |
| A person can have TB germs in his or her body but not have TB disease (this i | s called latent TB | infection or | LTBI). |
| Tuberculosis is preventable and treatable . TB skin testing (often called the test (called an IGRA) is used to see if your child has been infected with TB ger in the United States to prevent tuberculosis. The test is <u>not</u> a vaccination again | ms. No vaccine is | | |
| We need your help to find out if your child has been exp | osed to tubercu | losis. | |
| Place a mark in the appropriate box | Yes | No | Don't Know |
| TB can cause a fever of long duration, unexplained weight loss, a cough (last two weeks), or coughing up blood. As far as you know has your child: • been around anyone with any of these symptoms or problems? or • had any of these symptoms or problems? or • been around anyone sick with TB? | ing over | | Kilow |
| Was your child born in: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia? | | | |
| Has your child traveled in the past year to: Mexico or any other country America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 wee If so, specify which country/countries: | | | |
| To your knowledge, has your child spent time (longer than 3 weeks) anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or recently came to the United States from another country? | | | |
| Has your child been tested for TB? ☐ Yes (specify date _ Has your child ever had a positive TB skin test? ☐ Yes (specify date _ Has your child ever had a positive TB blood test? ☐ Yes (specify date _ | // |) | 0 |
| For school/healthcare provider use only ************************************ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | . | . |
| PPD / IGRA administered (circle one) | **** | **** | ^ |
| Date Administered:/ Date Read (if PPD): | | | |
| Result of PPD: mm Result of IGRA test: \Box Positive \Box Nega | tive 🗆 Indeterm | inate/Inval | id |
| Type of service provider (i.e. school, Health Steps, other clinics): | | | |
| PPD/IGRA provider: | | | |
| signature | printed name | | |
| Provider phone number: | | | |
| City County | | | |
| If positive, referral to healthcare provider: $\ \square$ Yes $\ \square$ No | | | |
| If yes, name/contact of provider: | | | |
| | | | |

12-11494 TB Questionnaire for Children (Rev. 3/2020)



11720 Montana Ave. Building "B" El Paso, TX 79936

Phone: 915.849.9959 Fax: 915.849.9622

www.mylittlefootsteps.com



Child's School Information

Please provide the following information for each of your children who will need transportation to and from school. Please make sure this information is always up to date. We cannot add your child to our route without this information.

| Child's Name: | DOB: |
|--|---|
| School: | Grade: |
| School Phone Number: | Teacher's Name |
| School Pick Up Time: | |
| Pick Up Location: | |
| Mother's Name: | Phone Number: |
| Father's Name: | Phone Number: |
| If neither parent can be contacted, who do we cont | tact in case of emergency? |
| Name: | Phone Number: |
| Name of Physician:Address: | Ph.#: |
| | 111.77. |
| Address: | Ph.#: |
| I give consent for the facility to secure a child. | any and all necessary emergency medical care for my |
| Signature - Parent or Legal Guardian | |



Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Little Footsteps Daycare & Learning Center

Directions: Parents will review this policy upon enrolling their infant at

and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

| Safe | Sleep | Po | licv |
|------|-------|----|------|
|------|-------|----|------|

All staff, substitute staff, and volunteers at will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing _____ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security.

| Signatures | | |
|------------------------------|--------------------|-------------|
| This policy is effective on: | Child's name: | |
| | | |
| Signature | e — Director/Owner | Date Signed |
| Signatur | e — Staff member | Date Signed |
| Signa | ature — Parent | Date Signed |



Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. [Name of Center] offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

- 1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one <u>CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: [(Name of Center, address, phone number].</u>
- 2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.
- 3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.
- 4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
- **5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
- **6.** How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
- 7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
- 8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, Placement Authorization Foster Care/Residential Care, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.
- **9.** We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
- 10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form? You can talk to [enter name of staff person that handles complaints/disagreements], either in person or by telephone at [enter phone number for the staff person above]. You may ask for a hearing by calling or writing to: [name, address, phone number].

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call [phone number].

Sincerely,

Blanca Gonzalez Director



Estimado Padre/Tutor:

Esta carta está dirigida a todos los padres o tutores de niños que están inscritos en centros de cuidado infantil. [Nombre del Centro] ofrece comidas saludables para todos los niños inscritos como parte de nuestra participación en el Programa de Atención Alimenticia para Niños y Adultos (CACFP, por sus siglas en inglés) del Departamento de Agricultura de Estados Unidos (USDA, por sus siglas en inglés).

El CACFP ofrece reembolsos por comidas y meriendas saludables que se les sirven a los niños inscritos en centros de cuidado de niños. Por favor, ayúdenos a cumplir con los requisitos del CACFP llenando el Formulario de Calificación por Ingresos para el Beneficio de Comidas que está adjunto a esta carta. Además, al llenar este formulario, podremos determinar si su hijo(s) califica para recibir comidas gratis o a un precio reducido.

- 1. ¿Debo llenar un Formulario de Calificación para el Beneficio de Comidas por cada hijo que esté en un centro de cuidado diario? Podría ser que tenga que completar y presentar un Formulario de Calificación por Ingresos para el Beneficio de Comidas del CACFP para todos los niños de su hogar que están inscritos para recibir cuidado diario, pero sólo si están inscritos en el mismo centro. No podemos aprobar un formulario que no esté completo, por eso, debe asegurarse de leer las instrucciones con cuidado y llenar toda la información que se solicita. Devuelva el formulario ya llenado a: [nombre del centro, dirección, número de teléfono].
- 2. ¿Quién puede recibir comidas gratis sin tener que entregar información sobre ingresos? Pueden recibir comidas gratis los niños en hogares inscritos en el Programa de Asistencia de Nutrición Suplementaria (SNAP) (anteriormente "Estampillas para comida"), Asistencia Temporal para Familias Necesitadas (TANF), o el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR). Los niños en familias de crianza (consulte la pregunta Nº 8 si desea más información sobre niños de crianza) y los niños inscritos en el Programa "Head Start" (HSP), el Programa "Early Head Start" (EHSP), o el Programa Even Start ESP) y que aún no han comenzado el jardín infantil, también califican para recibir comidas gratis. Los hogares que tienen niños inscritos en un HSP, EHSP, o ESP, pueden entregar una carta de certificación del programa de que el niño está inscrito, y así no necesitan llenar un Formulario de Calificación por Ingresos para el Beneficio de Comidas del CACFP.
- 3. ¿Quién puede recibir comidas a precios reducidos? Los niños pueden recibir comidas a precios reducidos si los ingresos de su hogar están dentro de los límites de precios reducidos de la Tabla de Ingresos que se envió junto con esta solicitud. Los niños en hogares que participan en WIC podrían calificar para recibir comidas a precio reducido.
- 4. ¿Puedo llenar el formulario si en mi hogar hay una persona que no es ciudadano estadounidense? Sí. Ni usted ni sus hijos tienen que ser ciudadanos estadounidenses para calificar para el beneficio de comidas del centro.
- 5. ¿A quiénes debería incluir como miembros de mi hogar? Debe incluir a todos los miembros de su hogar (es decir, los abuelos, otros parientes, o amigos que viven con usted) que comparten los ingresos y los gastos. Debe incluirse usted mismo y a todos los niños que viven con usted. También puede incluir a los niños de crianza que viven con usted.
- 6. ¿Cómo entrego la información sobre mis ingresos y notifico los cambios en mi situación laboral? Su informe de ingresos debe presentar los ingresos totales brutos recibidos el último mes por cada miembro del hogar indicando la fuente. Si su informe de ingresos del último mes no refleja con exactitud su situación, puede presentar una proyección de sus ingresos mensuales. Si no ha tenido cambios importantes, puede usar los ingresos del mes pasado como base para preparar esa proyección. Si los ingresos de su hogar son iguales o inferiores a los montos indicados para el tamaño de su hogar en la Tabla de Ingresos adjunta, el centro recibirá un mayor nivel de reembolsos. Una vez que tenga la aprobación para recibir beneficios gratis o a precios reducidos, ya sea mediante ingresos o presentando un número de caso vigente del SNAP, TANF, o FDPIR, usted seguirá calificando para recibir esos beneficios por 12 meses. Sin embargo, deberá notificarnos si usted o alguien de su hogar queda desempleado y la pérdida de ingresos hace que los ingresos de su hogar queden dentro de los parámetros para calificar.
- 7. ¿Qué puedo hacer si mis ingresos no siempre son iguales? Indique el monto que percibe normalmente. Por ejemplo, si sus ingresos mensuales generalmente son de \$1000, pero en el último mes no trabajó tanto y sólo recibió \$900, indique que recibe \$1000 mensuales. Si generalmente trabaja horas extras, debe incluir eso también, pero no lo incluya si es solamente a veces.
- 8. ¿Qué hago si tengo niños de crianza? Los niños de crianza que están bajo la responsabilidad legal de una agencia o un tribunal de crianza califican para recibir comidas gratis. Cualquier niño de crianza del hogar califica para recibir comidas gratis independientemente de los ingresos del hogar. Los hogares pueden incluir a niños de crianza en el Formulario de Beneficios de Comidas, pero no están obligados a incluir los pagos recibidos para el niño de crianza como ingresos. Los hogares que deseen solicitar esos beneficios para los niños de crianza pueden entregar al cuidador del niño el Formulario 2085FC Autorización de Colocación en Crianza / Cuidado Residencial del Departamento de Servicios para la Familia y de Protección de Texas, y así no tendrán que llenar el Formulario de Calificación por Ingresos para el Beneficio de Comidas del CACFP.
- 9. Pertenecemos al ejército, ¿debemos incluir nuestras pensiones de vivienda y suplementaria como ingresos? Si su vivienda forma parte de la Iniciativa de Privatización de Viviendas del Ejército, y además recibe Un Beneficio Suplementario de Subsistencia Familiar, no incluya esas pensiones como ingresos. Además, con relación a miembros del ejército en zonas de combate, sólo se contará como ingresos del hogar la parte de los ingresos del miembro del ejército que hayan sido designados por él o a nombre suyo para que vayan al hogar. Los sueldos por combate, incluyendo el Pago de Incentivos de Extensión de Servicio (DEIP) también quedan excluidos y no se contarán como ingresos del hogar. Todas las demás pensiones se deben incluir en sus ingresos brutos.
- 10. (Únicamente para el programa de precios) ¿Se verificará la información que yo presente? Quizás. Quizás le pidamos que envíe prueba escrita para verificar la información que presentó en el formulario. ¿Qué pasa si no estoy de acuerdo con la decisión que se tome sobre la información que yo coloque en este formulario? Puede comunicarse con [ingrese el nombre de la persona que está a cargo de manejar las quejas/desacuerdos], ya sea en persona o mediante el siguiente número de teléfono: [ingrese el número de teléfono del empleado ya mencionado]. Puede solicitar una audiencia llamando o escribiendo a: [nombre, dirección, número de teléfono].

En el manejo de los programas de alimentación infantil, no se discriminará a personas según su raza, color de la piel, nacionalidad de origen, género, edad, o discapacidad.

Si tiene alguna otra pregunta, o necesita ayuda, llame al [número de teléfono].

Atentamente,
Blanca Gonzalez
Director

Income Eligibility Guidelines for Determining Free or Reduced-Price Benefits July 1, 2023 – June 30, 2024

July 1, 2023 – June 30, 2024

Children from households whose incomes are at or below the levels shown below, or who receive Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits, are eligible for free or reduced-price meals.

Adult Day Care participants whose household incomes are at or below the levels shown below, or who receive Medicaid, Supplemental Security Income (SSI), or SNAP benefits, are eligible for free or reduced-price meals.

Ingresos máximos para determiner la elegibilidad para beneficios gratuitos o a precio reducido 1 de julio de 2023 - 30 de junio de 2024

Los niños de hogares con ingresos iguales o menores a los niveles que se muestran a continuación, o que reciben Asistencia Temporal para Familias Necesitadas (TANF), ayuda del Programa Suplementario de Asistencia Nutricional (SNAP), o del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) califican para recibir comidas gratuitas o a precio reducido.

Las personas que participan en programas de Cuidado Diario para Adultos cuyos ingresos familiares son iguales o por debajo de los niveles que se muestran a continuación, o que reciben Medicaid, Seguridad de Ingreso Suplementario (SSI), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas gratuitas o a precio reducido.

| FAMILY SIZE | ANNUAL | MONTHLY | TWICE MONTHLY | BI-WEEKLY | WEEKLY |
|--|--------------------|---------|---------------|-----------|---------|
| _ | \$26,973 | \$2,248 | \$1,124 | \$1,038 | \$519 |
| 2 | \$36,482 | \$3,041 | \$1,521 | \$1,404 | \$702 |
| 3 | \$45,991 | \$3,833 | \$1,917 | \$1,769 | \$885 |
| 4 | \$55,500 | \$4,625 | \$2,313 | \$2,135 | \$1,068 |
| 2 | \$65,009 | \$5,418 | \$2,709 | \$2,501 | \$1,251 |
| 9 | \$74,518 | \$6,210 | \$3,105 | \$2,867 | \$1,434 |
| 7 | \$84,027 | \$7,003 | \$3,502 | \$3,232 | \$1,616 |
| 80 | \$93,536 | \$7,795 | \$3,898 | \$3,598 | \$1,799 |
| For each additional family member add: | nal dd: \$9,509 | \$793 | \$397 | \$366 | \$183 |



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) | | | LI W * | EGAL RE /ELFARE IF ALL C RE FOST | A FOSTER CHILD (THE SPONSIBILITY OF A A GENCY OR COURT) HILDREN LISTED BELOW TER CHILDREN, SKIP TO D SIGN THIS FORM. | | _ | IECK NO INCOME |
| (* 1103), 111111111111111111111111111111111111 | | | ĪĒ |] | | | | |
| | | | ΨĒ |] | | 4 | 므 | |
| | | | ╁╞ |] 1 | | + | ዙ | _ |
| | | | ╁╘ |] | | + | Ħ | |
| | | | |] | | | | |
| Part 2. Benefits: If any member of y person who receives benefits. If no NAME: | one receives these be | enefits, skip to | par | t 3. | - | - | | |
| Part 3. (Applies only to parents/gu benefits listed on the enclosed <i>List</i> on number: NAME: Check here if no eligibility number | | | - | | | | | |
| Part 4. Total Household Gross Income—You must tell us how much and how often | | | | | | | | |
| | B. Gross income and how often it was received Note: Self-employed report income after expenses in box | | | | | | | |
| A. Name (List only household members with income) | Self-employed report income a self-employed report income a | | | | 3. Pensions, retirement, Social Security, SSI, VA benefits | | | Other Income |
| (Example) Jane Smith | \$200/weekly | \$150/twice a r | non | :h | \$100/monthly | \$2 | 200 |)/bi-monthly |
| Jane Smith | \$ / | \$ / | | =- | \$ / | \$ | | / |
| | \$ / | \$ / | _ | | \$ / | \$ | | |
| | \$ / | \$ / | _ | | \$ / | \$ | | |
| | \$ / | \$/ | - | | \$ | \$_ | | <u> </u> |
| | \$ / | \$ / | _ | | \$ / | \$ | _ | |
| Part 5. Signature and Last Four D | igite of Social Security | Ψ / | .l4 n | uet eign | | | _ | |
| An adult household member must si of his or her Social Security Numl next page.) I certify that all information on this for Federal funds based on the information, the purposely give false information, the | gn this form. If Part 4 is ber or mark the "I do r orm is true and that all in tion I give. I understand | s completed, the complete state of the compl | ne a ial \$ ed. I | dult sign Security I understa | ing the form must also list Number" box. (See Privacy and that the center or day can erify the information. I unders | Act re h stan | St om | tatement on the |
| Sign here: | | - | | | | | | |
| Date: | | | | | | | | |
| Address: | | Phone | Nur | nber: | | | | |
| City: | | | | | Zip Code: | | | |
| Last four digits of Social Security Nu | ımber: _* _* _** _* | | | do not ha | ave a Social Security Number | r | | |



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: | | | |
| ☐ Hispanic or Latino ☐ Asian ☐ American Indian or Alaska Native ☐ Not Hispanic or Latino ☐ White ☐ Native Hawaiian or Other Pacific Islander | | | |
| Black or African American | | | |
| 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 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, audiotape, 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 <u>USDA Program Discrimination Complaint Form</u> , (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint , 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 (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov . Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; | | | |
| This institution is an equal opportunity provider. | | | |

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care provider's to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP <u>are required</u> to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain <u>more than one</u> parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

<u>It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family</u>. Please complete the information below to designate your preference for infant formula, infant cereal and other foods.

Center/Provider Name: Little Footsteps Daycare & Learning Center

| <u>This child care provider offers the following infant f</u> | formula(s): Mama Bear Advantage: Infant Formula Milk-Based |
|---|--|
| Powder with Iron, Non-GMO. | |
| Infant's Name | _Infant's Date of Birth |
| D ('11 1/ E 1 (| |
| Breast milk and/or Formula preference | |
| | |

| Please mark your preference (choose all that apply) | Today's Date ——— Birth through 5 months | Today's Date 6-11 months |
|---|---|--------------------------|
| I will bring expressed breast milk for my infant. | | |
| I want the child care provider to provide the infant formula it offers for my infant. | | |
| I will bring the infant formula for my infant. Please list the kind of infant formula you will bring: | | |

Preference regarding infant cereal and other foods

| | Today's Date |
|--|---------------|
| Please mark your preference | |
| | 6 – 11 months |
| My child is developmentally ready for solid foods. I want the child care | |
| provider to provide the infant cereal and other foods for my infant. | |
| | |
| My child is developmentally ready for solids. I will bring the infant cereal | |
| and/or other foods for my infant. | |
| | |
| My child is NOT developmentally ready for solid foods. I will inform the | |
| provider when and designate the solid food(s) to be introduced to my infant | |
| at that time. | |

| Parent's (or guardian's) Signature | D-1(C:1 | |
|---------------------------------------|-------------------|--|
| Parent s (or ollardian s) Sionafilre | Date of Signature | |
| i dicite 5 (of guaraian 5) orginature | Bate of Signature | |

- 1. This form must be kept on file for each infant enrolled for child care.
- 2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
- 3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.
- 4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
- 5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

Get Started Online

It only takes a few minutes to start your application online. After you submit your form, a team member from your local WIC office will contact you to set up your first appointment.

Apply Online Now (https://texaswic.azI.qualtrics.com/jfe/form/SV_6G3nsSAEyVNzixn? Q_Language=EN&source=website-text-link)

Call WIC

You can also get started and set up your appointment by phone. Use the <u>WIC Office Locator</u> (https://find.texaswic.org/?wicType=Clinic&lge=a8Jwz9Jlia) to find a WIC office near you or call 800-942-3678.

Have more questions?

Review the current <u>income guidelines</u> and our <u>application process FAQ</u>. Maya, the WIC chatbot, can also help see if you qualify. Just click the pink "chat" icon to start a conversation.

Texas WIC Income Guidelines

WIC is open to many incomes and families. If you or your children receive Medicaid, SNAP or TANF, you already meet the income eligibility guidelines for WIC and your application can be processed faster. Even if you do not receive these programs, you may still qualify for WIC by meeting the income guidelines for your household. Participating in other benefit programs does not affect the amount of WIC benefits you receive.

| Number of Household Members* | Gross Monthly Household Income** |
|------------------------------|----------------------------------|
| 1 | \$0 up to \$2,248 |
| 2 | \$0 up to \$3,041 |
| 3 | \$0 up to \$3,833 |
| 4 | \$0 up to \$4,625 |
| 5 | \$0 up to \$5,418 |
| 6 | \$0 up to \$6,210 |

<u>View Guidelines based on Gross Yearly Income</u>

^{*}A pregnant woman's household is increased by the number of infants she is expecting. For more than six household members, or if you have any income questions, call your local WIC clinic.

^{**} Income can also be determined on a weekly or biweekly basis.

Llama a WIC

También puedes inscribirte y programar tu primera cita por teléfono. Usa el <u>Buscador de oficinas de WIC (https://find.texaswic.org/?wicType=Clinic&lge=a8Jwz9Jlia)</u> para encontrar una oficina cercana o llama al 800-942-3678.

¿Tienes más preguntas?

Revisa <u>los requisitos de ingresos</u> actuales y <u>las preguntas frecuentes sobre el trámite de la solicitud</u>. El chatbot llamado Maya también puede verificar si llenas los requisitos para solicitar WIC. Haz clic en el ícono de color rosa para empezar una conversación.

Requisitos de ingresos del programa WIC de Texas

WIC está disponible para numerosas familias con distintos niveles de ingresos. Si tú o tus hijos reciben beneficios de Medicaid, SNAP o TANF, ya reúnes los requisitos de ingresos para el programa WIC y tu solicitud podrá procesarse más rápido. Aun si no participas en estos programas, es posible que puedas ser parte de WIC si cumples las pautas de ingresos familiares. Participar en otros programas de beneficios no afectará la cantidad de beneficios de WIC que recibes.

| Número de personas en el hogar* | Ingresos mensuales brutos en el hogar** |
|---------------------------------|---|
| 1 | \$0 a \$2,248 |
| 2 | \$0 a \$3,041 |
| 3 | \$0 a \$3,833 |
| 4 | \$0 a \$4,625 |
| 5 | \$0 a \$5,418 |
| 6 | \$0 a \$6,210 |

Consulta las pautas según los ingresos anuales brutos

^{**} Los ingresos también pueden calcularse por semana o quincena.



^{*}El número de personas en el hogar de una mujer embarazada aumenta conforme al número de bebés que espera tener. Si tu hogar consta de más de seis miembros o tienes alguna pregunta sobre los ingresos, llama a tu clínica local de WIC.



Parent Handbook

Our mission

Welcome to Little Footsteps Daycare & Learning Center! The information contained in this Parent Handbook will introduce you to the philosophy and organization of the center. It will also serve as a quick reference to the daily operating policies and procedures. The Center was founded on principles that exemplify high standards and to meet the needs for high quality child care for all families. It is our goal to ensure successful growth through learning and to build successful partnerships with families. We look forward to working with your family to provide a healthy and secure educational and social foundation for your child (ren).

Philosophy

We believe that excellent childcare depends upon consistent caregiving. Children grow and learn best in safe environments that provide opportunities to explore, create and communicate with other children and adults. The program is designed to be inclusive of all children, including those with disabilities and special learning and developmental needs.

Curriculum

Little Footsteps Daycare & Learning Center uses the Itty Bitty Bookwork Curriculum. It is our goal to facilitate in the development of young children ages birth through school-age. We provide the necessary tools for children to allow them to learn by utilizing play, planned activities and exploration and the foundation.

Our staff

Our staff is here to assist your child in making their stay enjoyable. Questions pertaining to the facility can be directed to the management of the Childcare Center. All staff are trained and have extensive knowledge in Early Childhood and specific training in developmentally appropriate practices related to the age of the children they provide care for. They also are trained in CPR/ First Aid for infants, children and adults.

Goals and objectives

It is our goal to serve each child and families with the highest quality of caregiving and opportunities for parent involvement.

Enrollment

Enrollment priority is given to siblings of children currently attending the center. Our center welcomes students without regard to their race, ethnicity, national origin, religion, ability, gender, or family structure. In order to apply please see the Management staff.

Withdrawal

A written notice of your intent to withdraw your child from the program is required two weeks prior to the effective date of withdrawal. Notification helps us effectively manage our spaces and staffing. It also keeps you from accruing unnecessary fees.

Breastfeeding

This center highly encourages breastfeeding. We provide a breastfeeding area and resources for your use.

Attendance Times

It is important your child arrive before the educational portion of our program each day (by 8 am) as often as possible. Arriving during instructional time, disrupts the classroom and the other children's learning. Routines such as these are important to prepare your child for the transition to kindergarten.

Tuition

All tuition is due on the Monday of each current week. Half of full payment will be charged in advance according to time absent due to vacation to reserve your child's slot. Return payments will result in an additional \$75 fee. A late fee of \$25 will be added to all payments made after due date has passed. If all payments are not received within 1 week your child will not be allowed to attend until all balances are reconciled. Tuition is non-refundable. Parent understands the fee will

not be changed, refunded or modified due to holidays, short term illness, and/or occasional absences, or termination of services by either party.

Physical Activity

This center promotes indoor and outdoor physical activity. Should the weather not permit us to go outside, we will provide physical activity inside the classroom.

Additional Fees

A non-refundable registration fee of \$50 is required at enrollment.

There will be a \$5 per minute per child convenience fee applied to your weekly tuition if you are late picking up your child.

SUSPENSION

Our goal is to guide and direct children toward acceptable behavior. Children engaging in persistent displays of inappropriate behavior will be documented on an incident/accident form and discussed with parent to establish an intervention program. Parent will be contacted and asked to remove their child if the child becomes unruly, uncontrollable, or if his/her conduct is such that it interferes with or harms other children (i.e. biting, scratching, fighting, throwing of any items or pushing) and does not respond to adult authority. No refund will be given as a result of suspension or removal. The decision to permanently remove a child from the program will only take place after all alternatives have been explored. Permanent removal will be determined by the Director and teachers involved.

Parent communication

It is our goal to keep the doors of communication between the family and the center open. In addition, parents will receive daily progress notifications from teachers through our daily logs.

Hours of operation

We are open Monday-Friday from 5:00 a.m. until 6:30 p.m.

Although the center is open for twelve hours a day, we strongly encourage you to not leave your children at the center longer than 8 hours a day when possible.

Inclement weather

In the event of inclement weather and the center is not open, parents will be notified via text message, also through email and other media outlets such as social media. We follow Socorro Independent School District with regard to Inclement weather.

Embracing diversity

We do not discriminate against children, parents, coworkers, for any reason. This includes but is not limited to race, color of skin, religion, creed, gender, disability, military status, or national origin. All are welcome at our facility.

Nutrition/meals

During the regular center day, the children will be provided with nutritious meals and snacks. We currently provide breakfast, lunch an afternoon snack, and dinner. Our menus and food program follow guidelines under the state requirements (milk must be served with breakfast and lunch). We do not charge an extra fee for meals and snacks. Breakfast is provided at 7:30 a.m. Lunch is served at 10:30. Afternoon snack is served at 2:45 for those that participate in full-day center based program and starts at 3:30 for afterschool children. Dinner isserved at 5:15 pm. Because we serve various schools with varying dismissal times, snack is served to afterschool students as they arrive. All meals are approved by the CACFP program for their nutritional appropriateness. Meals include milk, fresh fruit and fresh vegetables. If your child is on a special diet, or has a food allergy the office must have a copy of the doctor's report. An emergency food allergy plan must be completed by an authorized medical official. This is a requirement of the state. Our center is a peanut free zone. No outside food is allowed at our facility. Staff does not reward good behavior with food of any kind. *During special occasions such as birthdays, holidays, only commercially packaged foods are allowed.

Daily Schedule of Activities

A daily schedule of activities will be posted in each classroom.

Pick Ups by Designated Others

You must notify the center if someone other than yourself or your spouse will be picking up your child. Center Personnel will require the person's state/valid ID at the time of pick up.

Abuse and Neglect.

This Center will report any suspected abuse or neglect to the local authorities.

Holidays

This center closes on the following days: Memorial day, Independence Day, Labor Day, Thanksgiving day and the day after, Friday prior to Easter Sunday, Christmas Eve, Christmas Day, New Year's Eve and New Year's Day.

Illnesses

At Little Footsteps Daycare & Learning Center we take every precaution to protect children against illness. Should a child experience an illness or irritation where he/she is not able to comfortably function in a group setting, a parent will be notified to pick their child up. An ill child will be excluded from attendance for any of the following reasons:

Temperature- 100 degrees or more accompanied by behavior changes or other symptoms Signs of severe illness—lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting illness, rash or fever, mouth sores with drooling, wheezing etc.

The child is too sick to go outdoors is considered too sick to be at the center. There will be no exceptions.

The child is diagnosed with a communicable disease, until it is determined by an n authorized medical official that the child is no longer contagious to others and is able to return to normal activities.

The illness results in greater need for care that the staff can provide without compromising the safety and supervision of the other children.

Accommodations for Families

We support families and children who may need additional accommodations, to include home language, differing abilities and cultural backgrounds. Please notify the director if you or your child require accommodation and we will ensure we do our part in meeting your needs. The following is ways our center will partner with families: 1. Participation in comprehensive care meetings, if needed; 2. Complete supporting documentation from authorized medical professional for any accommodations related on child's physical or developmental needs; 3. Provide materials and resources in parent's/child's language, when available; and 4. Provide opportunities for cultural inclusiveness by hosting cultural events throughout the year.

Therapists

Therapists are welcome at our Center. A private area will be provided for therapists to conduct their sessions as needed.

Medication

If your child needs medication, parents or guardians, must sign an authorization form. No medicine will be given without written authorization. Any medication given by the center, must have the child's name on the label and must be issued by a physician.

Open door policy

Parents are welcome at the center at any time. We celebrate various activities throughout the year. We encourage parents to come and participate in any center activity we host. Please see the "center happenings" board in the entrance for gentle reminders of upcoming events.

Injuries and emergency procedures

In case of severe injury or acute illness, the child will be transported immediately by ambulance. At the same time parents will be notified of the injury/illness. If the parents cannot be reached the emergency contact person listed will be notified. A member of management will accompany and remain with the child until parent/guardian arrives. A written report will be provided for parents and also placed in the child's file. Parent hereby authorizes the Center and its staff to provide and call for medical services and treatment.

Transportation

This center will provide transportation only to and from schools at no extra cost. Parent agrees to provide transportation if the child misses the center's bus/van.

Immunizations

All children admitted to the facility must meet immunization requirements, as specified for the child's age by the state's department of health. A copy of the most recent shot record must be provided for each child at enrollment and kept up to date. It is the responsibility of the parent to provide the center with the most up to date immunization requirements.

Family participation

Family involvement at Little Footsteps Daycare & Learning Center is very important to the success of not only our program, but also your child (ren). There are several ways that families can get involved with the center and activities to ensure that your experience while enrolled in our center will be a great one! Opportunities for parent involvement include:

Class parties

Parent/teacher conferences (twice a year – spring and fall)

We have useful resources posted at the entrance.

Drop off/pick up procedures

Upon arrival (drop off), parents must ring the doorbell and wait for a staff member to received their child. Upon pick up, parents must ring the doorbell and wait for a staff member to bring their child(ren) to them.

Emergency information/updating contact information

In the event of an emergency, the center will make an immediate attempt to contact the parent and other emergency numbers. Please ensure all contact information is up to date. You can update your contact information at any time by emailing us at contact@mylittlefootsteps.com or placing it in the suggestion box. The center administrator will input change in the system immediately and notify you for confirmation of receipt.

Threatening incidents

If the facility's safety is threatened. All center staff are trained to keep the children safe and secure the environment. Parents will be notified immediately and kept abreast of the situation.

Behavior expectations

We encourage each child to make appropriate choices and calm down. Staff are trained to help children with practices that help them calm down, process choices and redirection. In cases where there is an issue of constant inappropriate behavior, parents will be required to attend a parent conference to outline and agree on a behavior modification plan. Follow-up will be made with the parent daily until the issue is resolved.

Hygiene

Children are expected to be presentable every day to attend the Center. Bathing, dental care, fingernail trimming, and appropriate clothing are essential. Please avoid being reminded of thse very important matters.

Bedding and Nap Time

Children will have a period of 2 hours to nap at the Center. We will provide mats or cots for your child. Parent is responsible for bringing a small blanket with the child's name on it.

Infant Sleep Safety Policies

We follow the safe sleep recommendations of the AAP and the Consumer Product Safety Commission for infants to reduce the risk of sudden infant death syndrome. See attached policies.

Field trips

We do not leave the center for field trips.

Transition plans

When your child is ready to move to a new classroom, we do all we can to make this transition a smooth and successful one. We will contact you when we feel your child is ready to move. The move will always be a collaborative decision among parents, teachers and administrative staff. We recognize that transitions can be a challenge therefore we will take into consideration each child's temperament and adjust our transitions time accordingly. Transitions planning will be discussed in detail during the parent conference.

Parent conferences

Please do not use drop/off pick-up time to communicate lengthy concerns with your child's teacher as this can be a distraction to the care of other children in the classroom. Conferences are offered to parents two times a year, but parents can request a conference to discuss any concerns on an as needed basis. During conference time, each parent will receive information on their child's development and have the opportunity to set goals with teachers based on the results from the developmental assessments conducted by the teacher.

Absences

If your child is going to be absent, please call or email the office and let us know. It is imperative that if your school age child is absent, you contact us by noon, so the bus driver is aware prior to making the afternoon pick up from the center.

Termination of services

We reserve the right to terminate a child for the following reasons (but not limited to):

Failure to pay (see tuition)

Routinely late picking up child

Lack of parental cooperation

Serious illness of a child

Physical or verbal abuse to any person on the property

Our inability to meet the child's needs

Lack of compliance with regulations

Failure of child to adjust to the center after a reasonable amount of time

*center administration has the right to give verbal notice of immediate termination where there are extreme circumstances that affect the well-being of the provider or other children in attendance.

Clothing guidelines

Please dress your child in comfortable clothing, appropriate for the weather. Flip-flops or any open toed shoes can present a tripping hazard. Please have children wear closed toe shoes at all times. During colder months, please provide children with an appropriate jacket/coat for outside time.

Physical activity

Our daily schedule provides opportunities for children to engage in physical activities. Children participate in age appropriate outdoor and indoor activities as part of the daily curriculum.

Screen time policies

Electronic media is only used for educational purposes. Screen time for children over 2 years of age is restricted to less than 2 hours/day.

Minimum Standards/Abuse and Neglect

A copy of the Minimum Standards is available at the Center's office. Contact 915.834.5739 or www.dfps.state.tex.us or the hotline for abuse and neglect at 18002525400.

Health Check

Staff will conduct an initial health check up every morning. Proper documentation will be filed at the Center. Parent has a right to review these documents.

Notice of Pest Control Treatment

This facility uses pesticides indoors. These will be applied on Friday evenings as needed.

Non-discrimination clause (Civil Rights Clause)

We do not discriminate on the basis of race, culture, religion, creed or ability.

Gang-Free Zone

As a result of House Bill 2086 that passed during the 81st Legislature, Regular Session, Chapter 42 of the Human Resource Code will be amended to include Section 42.064 requiring that information about gang free zones be distributed to parents and guardians of children in care at licensed child care centers. Information about this requirement can be found on the parent information board, as well as copies of the information are printed for parents in the parent resource room.

Changes to This document

We reserve the right to change the rules, add new ones, or modify the terms at any time. Parent will be given notification of any such changes.

Cel Phone Use

It is important that you limit the use of technology/cel phone on site to improve communication between staff, children and families. In order to facilitate communication between staff, parents, as well as parent and child interaction, which is best if parent is not distracted using electronic devices.

Texas Rising Star

Texas Rising Star is a quality rating and improvement system for Texas early childhood programs. All center based childcare providers in Texas can be certified in Texas Rising Star if they meet certain eligibility criteria. Programs that participate in TRS meet higher quality standards than many other child care programs.

Attestation

My signature verifies that I have read and received a copy of this Parent Handbook and agree to follow the outline policies. Should I not follow the policies outlined, I understand that my services may be terminated.

| Signature | Date |
|-----------|------|

| Par | Parent Orientation | | |
|---------|--------------------|---|--|
| { | } | Tour of facility | |
| { | } | Introduction to Staff | |
| { | } | Parent visit with classroom teacher | |
| { | } | Policy for arrival and late arrival | |
| { | } | Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable | |
| { | } | An explanation of Texas Rising Star Certification | |
| { | } | Encourage parents to inform the center of any elements related to their CCS enrolment that the provider may be of assistance | |
| { | } | An overview of family support resources and activities in the community | |
| { | } | Child development and developmental milestones information provided | |
| Exp | ect | ations of the family: | |
| { | } | Parents are informed of the significance of consistent arrival time: -Before educational portion of school readiness program begins -Impact of disrupting learning of other children | |
| { | } | -Importance of consistent routines in preparing children for the transition to kindergarten. Statement about how limiting technology use on site to improve communication between staff, children and families (i.e. refrain from cel phone use). In order to facility communication between the parent and teacher, as well as the parent and child interaction, which is best if parents are not distracted using electronic devices | |
| { | } | Statement reflecting the role and influence of families. | |
| _ | _ | ing, I acknowledge and agree to the policies and procedures covered during my orientation and/or in my parent ook. | |
| Sig | natu | ure Date | |