



New Enrollment Checklist

*****Per licensing requirements, EVERY box or line must be filled out in this parent enrollment packet. If an area of questions does not pertain to your child, please mark that field or form as "N/A". All documents must be on file before a child can be left in our care. Immunization Records must be up to date. Thanks in advance for your cooperation and we look forward to caring for your child/children.*****

1. Admission Information (6pages) _____
2. Parent Policy & Procedure Handbook _____
3. Authorization for Emergency Care _____
4. Discipline and Guidance Policy _____
5. Child Abuse & Neglect Policy _____
6. Non-Prescription Medication Form **(Make a Copy)** _____
7. Transportation Permission Form _____
8. Parent Payment Agreement Form _____
9. Credit Card Authorization Form _____
10. Food Allergy Form (Need Dr Signature) _____
11. FP Assistance Special Diet Form _____
12. Operational Policy on Infant Sleep _____
13. Child Assessment Form _____
14. Toilet Training _____
15. Supply Policy _____
16. Exclusion Form _____
17. Permission to Photograph _____
18. Food Program Forms (3pages) **Must be completely filled out** _____
19. Acknowledgement of Policies _____
20. Parents Identification _____
21. Updated Shot Record & Physical Form _____

Parent/Guardian Signature

Date

Director's Signature

Date

1. Admission Information



ADMISSION INFORMATION

Purpose: Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

GENERAL INFORMATION			
Operation's Name:		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION	
CHECK ALL THAT APPLY:	
1. TRANSPORTATION	
I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. FIELD TRIPS	
<input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips.	
Comments:	
3. WATER ACTIVITIES	
I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds	

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

5. MEALS

I understand that the following meals will be served to my child while in care:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		Signature - Parent or Legal Guardian

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes ☐ No ☐ Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian:

Date Signed:

SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:

School Phone Number:

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/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

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 or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

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 submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

REQUIREMENTS FOR EXCLUSION

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

VISION EXAM RESULTS

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15-18 months (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6–18 months (third dose) 4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose) 4–6 years (second dose)	
Varicella	12–15 months (first dose) 4–6 years (second dose)	
Hepatitis A	12–23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature :	Date Signed:
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VARICELLA (CHICKENPOX)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.

Parent's Signature:	Date Signed:
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ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

TB TEST (IF REQUIRED)

☐ Positive

☐ Negative

Date:

GANG FREE 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 STATEMENT

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

SIGNATURES

Child's Parent or Legal Guardian:

X

Date Signed:

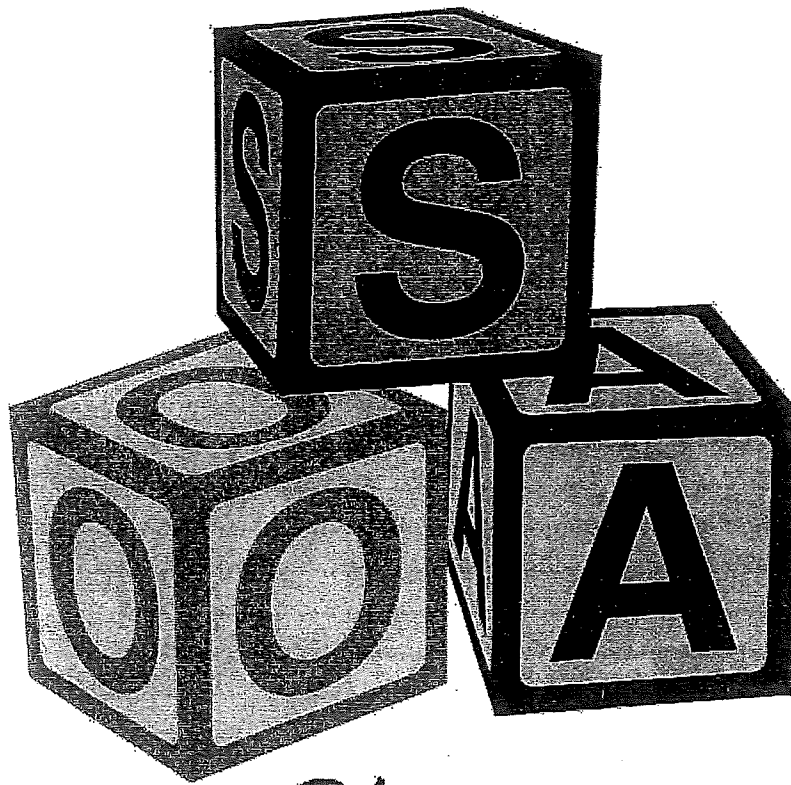
Center Designee:

X

Date Signed:

2. Parent Policy and Procedure Handbook

Parents Policy and Procedures Handbook



*Child
Learning Center*

Effective January 1, 2018

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SOA Child Learning Center Policy

Philosophy

We believe that children are our most important resource, and we understand that their early childhood experiences are instrumental in the growth of their futures. We strive to create a high quality early childhood experience by providing a structured, yet flexible learning environment that fosters active learning and growth.

At our center you will see. . .

. . . Smiling faces followed with encouraging words

. . . No patterns to follow, only materials with which to create and explore.

. . . No complicated, abstract meanings the child cannot comprehend, only ideas and concepts to talk about, relate to, compare with, match, fit into, try out, invent, discover, enjoy.

"We are committed to holding the Standard of Academics"

-Anthony Warren

Commitment

We are committed to the excellence in all the aspects of SOA Child Learning Center. This should be reflected by every employee's decisions, actions, and interactions with the children, parents, and staff. Therefore, each employee is required to read, agree to follow the commitments stated, and sign the Commitment Form prior to working at the SOA Child Learning Center. These statements reflect the expectations of SOA Child Learning Center.

Leadership

SOA Admin Staff is always available to answer questions, provide resources, and help out with anything needed for the center. In order for our center to succeed and be successful; communication must always be present, we encourage you to ask questions!

Hours of Operation

The hours at this facility are 7:00 a.m. – 6:00 p.m., Monday through Friday. SOA childcare facility will be opened year round except on given holidays (refer to page 4 for holidays). Please plan to be on time to pick up your child. Your corporation is greatly appreciated.

Monthly Parent Newsletter

The first Monday of every month, an SOA Child Learning Center Newsletter will be given to every family. This will consist of monthly activities, meal plan for the month, news, and special events. The newsletter will also stand as our means of parental notification with regards to policy change.

Parent Involvement

Parents are encouraged to participate and or volunteer in SOA events activities.

Parent Notification

Parent communication from the administration will be emailed on a regular basis. If you are unable to receive regular email access, please inform the office and we will give you a print out of notices. All communication to the parent from the teachers will be provided in written form in your child's daily sheet, this is a daily report from the teacher. We will also provide written reminders and the parent calendar. At the parent's or teacher's request, a parent / teacher conference can be scheduled to discuss any concerns regarding the child.

Registration

Registration for SOA Child Learning Center Families must be completed and on file prior to attending the SOA Child Learning Center. All families will go through the registration process.

Before a child can participate in this program, the parent of the child must complete, sign and return to the Center's Director the following:

1. Admission Information
2. Statement of Health (form 2935 pg. 2, #1)
3. Copy of Immunization Records(please refer to website:
https://www.dshs.texas.gov/immunize/Schedule/schedule_child.shtml)
4. Emergency Medical Care Authorization
5. Non- prescription Medication Authorization
6. Payment Agreement
7. Transportation Authorization
8. SOA Child Learning Center Policy Packet
9. Child Assessment Form
10. Food Program paperwork, if applicable.

Upon enrollment the onsite Director will review the admission forms by the child's parent/ legal guardian. It will be the responsibility of the parent/ legal guardian to provide the required information.

Vision and Hearing

Once a child turns four, state law requires a hearing and vision screening must be submitted to the child care facility. For more information please refer to the website: www.dshs.state.tx.us/vhs/.

Items Provided by Parents

Each child will be required to obtain a see through back pack.

- Changes of clothes including socks
- Disposable diapers and training pants/pull-ups
- Baby Wipes
- Blanket for naptime

We will notify you when these items need to be replenished.

Check-In

All Families will be given a family account number through our software to identify them. Upon arriving to the SOA Child Learning Center, all families must check-in at the front through our software check-in. This will insure that all hours are documented in our system but most importantly it insures that there is proper coverage of every classroom.

Pick- Up

Arriving on time is ESSENTIAL to making the Learning Center run smoothly and efficiently! If you pick up your child past 6:00 p.m. then there will be a \$10 dollar charge for the first minute and a \$1 dollar charge for every minute after that. If someone other than the parent will be picking up the child, the parent must have it in writing and given to the on-site Director prior to pick up. The person picking up the child will be required to show a valid driver's license.

Holidays

For the 2018 year, the following days will be observed as paid holidays and the child-center will be closed

Martin Luther King –January 15

Good Friday-April 14

Memorial Day- May 28

Independence Day- July 4th

Labor Day- September 3

Thanksgiving Holiday- November 22 & 23

Christmas Holiday- December 24, 25 & 26,

New Year's Holiday- January 1

SOA Child Learning Center will follow the inclement weather closures for the San Antonio N.E.I.S.D.

Absences

All Families must notify the SOA Child Learning Center on-site Director to schedule absences in advance. All absences must be in writing and given to the on-site Center Director. If you are unable to obtain a written form please contact the Director as soon as possible at 210-775-2807

-If your child will be out ill please call the center by 9:00 a.m.

Parent Vacations

Parents must give two weeks' written notice prior to taking vacation. If parents will be on vacation on the date that fees are due please make prior payment arrangements.

Medications

If you wish to have the Center administer any type of medication to your child, the medication must be in its original container, together with directions, and be labeled with your child's name. Medication form must be filled out daily in the front office. No oral medication will be given to any child without the consent and written form by the parent or guardian. All medication shall be kept in the front and only administered by the center's Directors.

Emergency Preparedness Plan

In an emergency, all children will be moved to a designated safe area. An emergency evacuation diagram is posted in the information board by the front office near the sign-in station. We have a fire drill once a month and a severe weather drill every three months. The children will be loaded into a vehicle, accounted for according to the daily attendance record and taken to an alternate shelter away from the Child Center.

LOCK DOWN (Intruder, volatile person, or endangering person in the area)

In the unlikely case of a human-caused event, such as an intruder with a weapon or an endangering person in the area, the caregivers will move all the children into the same room, lock the doors, close blinds, turn lights off and keep children as quiet as possible. We will call 911 and stay on the phone until help has arrived. We will account for all children according to the sign in/out sheet. We will contact Child Care licensing and notify parents of the situation after it has been resolved.

Children with Disabilities and Under 24 Months of Age

Children that are under 24 months of age, or who have limited mobility, or who otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairments will be specifically escorted out by the director and admin staff.

The place that will be used is:

Thousand Oaks Elementary School
16080 Henderson Pass, San Antonio, TX 78232
(210) 491-8350

Every teacher will have an emergency backpack that is equipped with the following items:

1. Copies of the child's enrollment form, medical authorization, and travel
2. First Aid Kit
3. Name Labels
4. Attendance Records

Once all children are safe, we will contact the authorities, parents and the Department of Family and Protective Services

"Upon request emergency information will be made available at any time."

Family Childcare Regulation

The Department of Family and Protective Services regulates this facility. You have the right to review the last inspection of this child center, which is posted on the information board. Listed below is the business address, phone number, and website:

3635 S.E. Military Dr.
San Antonio, Texas 78223
(210) 333-2004
<http://www.dfps.state.tx.us>

Gang Free Zone

Under the Texas Penal code, any area within 1000 feet of a child care center is a **GANG FREE ZONE**, where criminal offences related to organized criminal activity are subject to harsher penalty. SOA Child Learning Center is a **GANG FREE ZONE**.

Meals

SOA provides wholesome meals and snacks. Menus are planned around the basic four food groups and are designed to be part of a well-balanced diet. If your child is on a special diet, please provide the required written diet for my records. If you wish to bring your own food SOA is not responsible for its nutritional content. Should your child arrive later than a mealtime, you will be responsible for feeding your child.

The meal schedule is as follow:

Breakfast	7:30 a.m. – 8:30 a.m.
Morning snack	10:00 a.m.
Lunch	11:30 a.m. – 12:30 p.m.
Afternoon snack	3:30 p.m.

An Infant Feeding Plan for all Infants not eating "table food" must be signed by the parent and updated monthly. Parents must provide formula or breast milk in bottles labeled with their child's name. Once the infant is eating cereal and whole milk will be provided.

Food Allergy Emergency Plan

A food allergy plan is an individual plan that is filled out by the child's health care professional. The food allergy plan must include:

1. A list of each food that the child is allergic to.
2. Possible symptoms if exposed to a food allergy on the list.
3. The steps to take if the child has an allergic reaction, signed by the child's physician and a copy must be posted and a copy must go in the child's file.

No Smoking Policy

There is no smoking (indoor/outdoor) on the premises.

SOA Child Learning Center Classroom Policies

Hygiene

Maintaining a germ-free environment is a top priority. Because hands are the main carriers of germs, we enforce a strict hand washing policy for employees.

[TEACHERS AND ALL STAFF MUST WASH THEIR HANDS]

1. Before eating or handling food or medication
2. Before feeding a child
3. After arriving at the child-care center
4. After diapering a child
5. After assisting a child with toileting
6. After personal toileting
7. After handling or cleaning body fluids, such as after wiping noses, mouths, or bottoms, and tending sores.
8. After handling or feeding animals.
9. After outdoor activities
10. After handling raw food products.
11. After eating, drinking, or smoking, and
12. After using any cleaners or toxic chemicals

[ALL CHILDREN SHOULD WASH HANDS]

1. Before eating.
2. Before playing in a water table.
3. After toileting or having diaper change.
4. After outdoor activities.
5. After playing in sand.
6. After feeding or touching animals, and
7. Any other time that the caregiver has reason to believe the child has come in contact with substances that can be harmful to the child.

Room Cleaning

1. All rooms must be stripped and disinfected at the end of the day.
2. Mats must be sanitized after every use.
3. All toys must be disinfected every day.
4. Furniture used by the children must be wiped down and disinfected every day or when soiled.

5. Tables used for food preparation and eating must be sanitized before and after using, all tables are to be cleaned using the "Minimum Standards 3-Step Cleaning Procedure"
6. All classroom equipment must be kept clean and organized throughout the day.

Health Policies

For the protection of all the children, parents, and staff; parents should not bring a child who appears to be ill. The American Academy of Pediatrics recommends a child should not be admitted if one or more of the following exists:

1. The illness prevents the child from participating comfortably in child-care center activities including outdoor play.
2. The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care.
3. The child has one of the following, unless medical evaluation by a health-care professional indicates that you can include the child in the child-care center's activities.
 - a. Oral temperature of above 101 degrees and accompanied by behavior changes or other signs or symptoms of illness.
 - b. Rectal temperature of above 100 degrees and accompanied by behavior changes or other signs or symptoms of illness.
 - c. Armpit temperature of above 100 degrees and accompanied by behavior changes or other signs or symptoms of illness,
 - d. Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill, or
4. A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

"At this time TB Testing is not required; upon any changes the facility will notify both the parents as well as the staff."

Health Check Policy

Health checks will be conducted when a child is received into our facility. The director of the center will be the one to administer the health check of the child. Health checks consist of only seen areas on the body of a child.

Nursing Mothers

For mothers that are nursing, SOA will provide a comfortable and private place with a seat in our center to accommodate nursing mothers.

You have the right to breastfeed and or provide breast milk for your child at our center.

Water Activities

Our water activities will consist of sprinkler play and water tables during summer months. Parents will be notified in advance.

Illness/ Injuries

If a child becomes ill while in our care, we will;

1. Contact the parent to pick-up the child
2. Care for the child apart from other children
3. Give appropriate attention and supervision until the parent picks the child up;
4. Give extra attention to the hand washing and sanitation if the child has diarrhea or vomiting.

If critical illness or injury requires immediate attention of a physician, you must:

1. Contact emergency medical services or take the child to the nearest emergency room;
2. Give the child first-aid treatment or CPR when needed;
3. Contact the physician identified in the child's record;
4. Contact the child's parent; and
5. Ensure supervision of the other children in the group

Discipline and Positive Guidance

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;
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Child Protection

In accordance with state statutes, SOA Child Learning Center is required to report all suspected cases of neglect, physical, sexual abuse to the Texas Department of Family and Protective Services and the police.

Abuse and Neglect Hotline

Preventing and responding to abuse and neglect of children, including:

- (A) Required annual training for employees;
- (B) Methods for increasing employee and parent awareness of issues regarding child abuse and neglect, including warning signs that a child may be a victim of abuse or neglect;
- (C) Methods for increasing employee and parent awareness of prevention techniques for child abuse and neglect;
- (D) Strategies for coordination between the center and appropriate community organizations; and
- (E) Actions that the parent of a child who is a victim of abuse or neglect should take to obtain assistance and intervention;

Abuse and Neglect Hotline number: 1-800-252-5400

Safety

At SOA Child Learning Center, we believe in a few simple procedures are a small price to pay for the safety and security of the children.

1. Only employed and documented Child Learning Center Staff shall lead and be teachers of any of the classrooms.
2. All rooms shall have a teacher present and visible
3. Teacher-child ratios will be maintained according the current Minimum Standards.
4. Wrestling, rough play, rough ball-playing, spinning, and or any other dangerous behaviors will not be tolerated in any of the classrooms.
5. Children with food allergies and other medical alert will have posted in plain view on the wall of their classroom with their picture, name, DOB, and needs listed.
6. Foods served for activities will be posted on the information bulletin board prior to the activity.
7. Emergency evacuations routes will be posted in each and every room.
8. Fire extinguishers are available in all of the children's rooms and in certain parts of the facilities.
9. First Aid Kits are located in every room.
10. The nearest land line phone is located on the wall in the middle of the room.
11. Cell phones/iPods/MP3s are to be put away and never in used in the classrooms.
12. SOA is a GANG FREE ZONE(for more information please refer to website:
https://www.dfps.state.tx.us/site_map/forms.asp (2846)

Handling Accidents/ Injuries

An Ouch Report will be completed by the teacher during the incident as well as the on-site Director. All reports will be signed by the parent/ guardian of the child and a copy will be kept on file for the child.

Security

Our electronic check-in system insures the parent/guardians that their child will be released only to the appropriate adult within our system. Pictures will be taken and kept in our system of both the child as well as the appropriate adults allowed to pick up. Our system also allows the teachers to be confident in releasing their student to the appropriate persons.

Transportation

SOA will not be offering field trips or transportation. Only in such cases of emergencies therefore permission to transport your child in case of an emergency is necessary and is a requirement as part of your child's enrollment with SOA. School Age children will be transported to and from fieldtrips during extended full day care and after school.

Fees

Payment is due by the first of each month or the first and fifteenth. If fees are not paid by the scheduled date; **a late fee of \$25 per day will be assessed and your child will not be permitted to attend until your account is current.** If the first of the month falls on a weekend or holiday; payment is due the **proceeding Friday**. If parents are divorced the custodial parent is responsible for payment. A receipt will be sent to the e-mail address that you will provide when setting up a family account. A \$35 fee will be charged for any returned check and the payment is required immediately. **Refunds or proration will not be made for absences, holiday, or parent vacation.**

Termination of Contract

Should you have any questions regarding the contents of this program please discuss with the on-site Director. We appreciate the opportunity to provide quality child-care services for you, and we sincerely believe you will be satisfied with our service. If not, please let us know. If you decide to withdraw your child from this child-care center; we require 30 days written notice.

SOA Safety Plan of Action for all Children

All children with their parents enter the facility thru the front door of the building, by ringing the doorbell located at the front door. Once they enter the building they must sign in the child, and then they are escorted to the child's designated area.

INDOOR ACTIVITIES:

Ages 12 months – 5 years of age

Indoor play time will be supervised by the caregiver at all times and will be centered around their room for easy access, and designed for their age level and size appropriate.

Ages 6 – 12 years of age

Indoor play time will be supervised by the caregiver at all times and will be centered around their age level in designated areas within the class room.

Restrooms: There are 2 separate restrooms located in the hallway adjacent to their area, with signage that indicates which one is for Girls and which one is for Boys.

OUTDOOR ACTIVITIES:

Outdoor play time is scheduled so that the school age children are not on the playgrounds at the same time as the Toddlers. All activities are supervised at all times and entrance and exits are designated as well.

Exits for outdoor play time for both toddlers and school age children is scheduled and supervised by their designated care givers. When the School age kids are ready for outdoor play, their caregiver will notify the toddlers caregiver so that the toddlers are kept separated from the school age kids while exiting the building through the doors located in the toddler area.

SPRING BREAK AND SUMMER EVENTS FOR SCHOOL AGE KIDS

School age activities consist of:

Outdoor sports are located at a designated facility for the event, Basketball, Swimming, Bowling, Zoo and other activities that require a special location is scheduled according to need. Indoor activities such as, Movie time, games, reading, arts and crafts (all which are age appropriate for their level), will be in their designated area. The school age children's room is located in the center of the building adjacent to the toddler room, separated by a door. This space is only shared for a period of time during Spring Break and Summer.

OVERVIEW OF MINIMUM STANDARDS

Policy and Procedures
Hours of Operation
Emergency Evacuation
Lock Down Procedures
Food Allergy Preparedness
No-Smoking Policy
Drop- off and Pick-up
Location of fire extinguishers
Location of First Aid Kits
Overview of symptoms of child illness and abuse and the responsibility of reporting

Parents may visit their child at any time during hours of operation without having to secure prior approval.

SOA CHILD LEARNING CENTER AGREEMENT/ACKNOWLEDGEMENT

This is to acknowledge that SOA Child Learning Center has provided to me a copy of the program policy and procedures handbook. I have read, understand and agree to the terms under which childcare will be provided to my child(ren)

It is agreed that this child-care center may terminate this agreement immediately for violation of the terms contained herein.

Parent Signature

Date_

Director Signature

3. Authorization for Emergency Care



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA**

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:	Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atencion medica de emergencia para mi nino, doy permiso para que:
------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------

To take my child (or children):

Name of Child (1)/Nombre del nino(1):	Name of Child (1)/Nombre del nino(2):
Name of Child (3)/Nombre del nino(3):	Name of Child (4)/Nombre del nino(4):

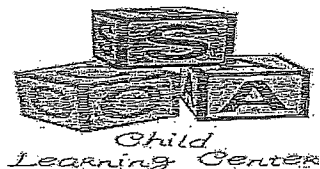
To:

Name of Doctor/Nombre del Doctor	Telephone No./Telefono
Address of Doctor/Direction del Doctor	

Name of Hospital or Clinic/Nombre del hospital o clinica	Telephone No./Telefono
Address of Hospital or Clinic/Direccion del hospital o clinica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic	Doy mi consentimiento para el tratamiento medico necesario estando mi nino bajo la atencion de este doctor o hospital o clinica
_____ Signature-Parent or Legal Guardian Firma-Padre o Tutor	_____ Date/Fecha

4. Discipline and Guidance Policy



DISCIPLINE AND GUIDANCE POLICY SOA CHILD LEARNING CENTER

- ❖ Discipline must be:
 - Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - 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:
 - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - Reminding a child of behavior expectations daily by using clear, positive statements;
 - Redirecting behavior using positive statements; and
 - 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 is prohibited:
 - Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps, or toilet training;
 - Pinching, shaking, or biting, a child;
 - Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting, or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed;
 - Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

☐ parent

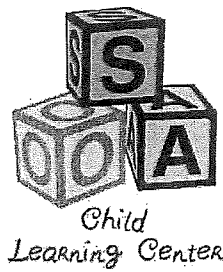
☐ employee/caregiver

☐ household member of child-care home

TDPRS-CCL 06/03/03

SOA Child Learning Center
2738 Shingle Oak Drive, San Antonio, TX 78247, Phone: 210.775.2807
Email: info@soachildlearningcenter.com
www.Soachildlearningcenter.com

5. Child Abuse and Neglect Policy



CHILD ABUSE / NEGLECT POLICY

As a childcare provider, **SOA CHILD LEARNING CENTER** has a responsibility to report any and all suspected child abuse and/or neglect. We cannot turn our backs on a child that has been abused. Therefore, if there is parental conduct that indicates that there is any kind of child abuse committed on any child in our care, and if we perceive or think that anything questionable is present as far as abuse or neglect is concerned, we will IMMEDIATELY contact the Police Department as well as Children's Protective Services.

By signing this form, you agree that it is in the best interest of your child(ren).

Parent/Guardian's Signature	Date
Parent/Guardian's Signature	Date
Director Signature	Date

6. Non-Prescription Medication Form



Non-Prescription Medication Authorization

According to Texas Statutes, the Child Care Provider may use non-prescription fever reducing medications, cough syrups, hand lotions, sunscreen lotions, insect repellents, and external preparations only when the parent has authorized the use in writing.

I hereby give the staff of SOA Child Learning Center permission to use one or more of the following non-prescription products for my child when needed, in accordance with the directions of use stated on the original container.

- Syrup of Ipecac — with Doctor or Poison Control authorization
 - Baby Wipes
 - Baby Lotion
 - Baby Oil
 - Non-prescription Ointments (Dr. Smith's, Neosporin, A & D Ointment, Bacitracin, etc.)
 - Sunscreen Lotions
 - Insect Repellents
 - Other-Please specify _____
-

Child's Name

Date of Birth

Signature of Parent Admitting Child

Date

7. Transportation Permission Form



TRANSPORTATION PERMISSION FORM

AS there are many interesting places to visit, in and around the city, and field trips are an integral part of the program, SOA Child Learning Center needs permission to transport children in our privately owned vehicle.

I give permission for my child, _____ to be transported in SOA Child Learning Center privately owned vehicle:

Within the city limits: Yes _____ No _____ Outside the city limits: Yes _____ No _____

Should parents have reservations about transportation or field trips, we will attempt to come to a solution, whether it involves public transit, the parent's vehicle or any other suitable solution. There may be a time when public transportation is the preferred travel method for city trips.

Safe fun, learning experiences are what we are all about!

Signed:

PARENT SIGNATURE

DATE

Parents will be made aware of any field trips that are out of the city limits.

8. Parent Payment Agreement Form



PARENT PAYMENT AGREEMENT

(I,) _____, AGREE THAT SOA Child Learning Center
(PARENT) (CAREGIVER)

WILL CARE FOR _____ BEGINNING ON THE _____ DAY OF _____, 20____
(CHILD'S NAME)

MY CHILD WILL BE IN CARE BETWEEN THE HOURS OF _____ AM AND _____ PM;

MONDAY _____ TUESDAY _____ WENESDAY _____ THURSDAY _____ FRIDAY

CARE OUTSIDE OF THESE HOURS WILL REQUIRE AN ADDITIONAL FEE OF \$10 FOR THE 1ST MINUTE AND \$1 FOR EACH MINUTE THEREAFTER, AND MUST BE PAID ON THE SAME DAY OF OCCURRENCE!

I CHOOSE TO PAY:

CASH: _____ CHECK: _____ CREDIT CARD (COMPLETE CREDIT AUTHORIZATION FORM): _____

1. MONTHLY \$ _____ PAYMENTS ARE DUE ON THE 1ST OF THE MONTH, TO AVOID A LATE FEE OF \$25.00 PER DAY. IF ALL FEES ARE NOT PAID ON THE 3RD DAY, MY CHILD WILL BE WITHDRAWN FROM CARE.
2. WEEKLY \$ _____ PAYMENTS ARE DUE ON THE FRIDAY PRECEDING YOUR CHILD'S ATTENDANCE

CARE WILL INCLUDE THE FOLLOWING MEALS AND SNACKS:

BREAKFAST _____ MORNING SNACK _____ LUNCH _____ AFTERNOON SNACK _____

If Applicable:

I am currently approved by: _____ (CSS, Choices, program) for a daily rate of \$ _____

My monthly Co-Pay amount of \$ _____ is due on the 1st of each month and must be paid to avoid a late fee of \$25.00. I understand that the late fee is a daily charge for each day it goes unpaid.

I AGREE TO PAY WEEKLY \$ _____ OR MONTHLY \$ _____, FOR ANY SUPPLIES/ACTIVITY FEES REQUIRED FOR MY CHILD, IN THE AMOUNT OF \$ _____, WHICH MAY BE IN ADDITION TO WHAT I QUALIFY FOR UNDER A SPECIAL PROGRAM.

Supply/Activity fees cover: (the fee may be slightly higher or lower based on the individual child's needs). Paper, paint, markers, crayons, books, yarn, craft boxes, craft materials for dramatic play, glue, and planned field trips (with parental permission).

REGISTRATION FEE: \$ _____

I will give SOA Child Learning Center written notice 4 weeks in advance, before withdrawing my child(ren)

PARENT SIGNATURE

DATE

DIRECTOR SIGNATURE

DATE

9. Credit Card Authorization Form



CREDIT CARD AUTHORIZATION FORM

Please Check One (1) Payment Option

1. ONE—TIME PAYMENT OPTION ☐

I, _____ authorize SOA Child Learning Center ("SOA") to process a ONE—TIME debit to my credit card for the amount indicated below and on the specified date provided. This form does not provide authorization for any additional unrelated debits or credits to my credit card.

I understand that SOA will charge the credit card listed on this payment authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and for the amount indicated. This authorization is valid for ONE—TIME use only.

Payment Date: _____ ONE—TIME PAYMENT AMOUNT: _____

Signature: _____ Date: _____

2. RECURRING PAYMENT OPTION ☐

I, _____ authorize SOA Child Learning Center ("SOA") to process a RECURRING debit to my credit card for the amount indicated below and on the specified date provided. This form does not provide authorization for any additional unrelated debits or credits to my credit card. I agree that I will be charged the amount indicated below for each billing cycle. A receipt for each payment will be available upon request. I agree that no prior notification will be required unless the date or the amount of payment changes. In either case, SOA will provide notice to me within ten (10) days prior to the payment being collected.

Payment date: _____ RECURRING WEEKLY PAYMENT AMOUNT: _____

Signature: _____ Date: _____

I understand that this payment authorization will remain in effect until I cancel it in writing. I agree to notify the SOA business office in writing of any changes with my account information or termination of this payment authorization within fifteen (15) days prior to the next billing cycle. If the payment date occurs on a weekend or holiday, I understand that the payment(s) will be executed on the preceding business day, prior to the weekend or holiday.

I certify that I am the authorized user of this credit card and will not dispute the scheduled or One-Time transaction(s) with my bank or credit card company, as long as the transactions correspond to the terms indicated under OPTION 1 or OPTION 2 of this payment authorization form.

Signature: _____ Date: _____

VISA: ☐ MASTER CARD: ☐ OTHER: _____

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Billing Address (City, State, Zip) : _____

Phone: _____ Email: _____

For Office Use Only:

Date Processed: _____ Transaction Code: _____ Authorization Code: _____

10. Food Allergy Form (requires Doctor Signature)

**FARE**

Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No**PLACE
PICTURE
HERE****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**Short of breath,
wheezing,
repetitive cough**HEART**Pale, blue,
faint, weak
pulse, dizzy**THROAT**Tight, hoarse,
trouble
breathing/
swallowing**MOUTH**Significant
swelling of the
tongue and/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/runny
nose,
sneezing**MOUTH**

Itchy mouth

**SKIN**A few hives,
mild itch**GUT**Mild nausea/
discomfort**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- 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): _____

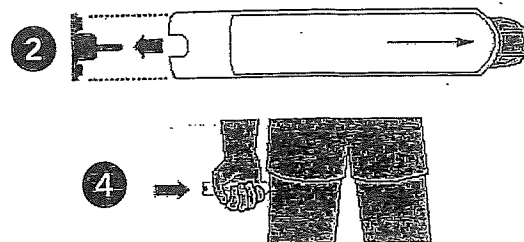


FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

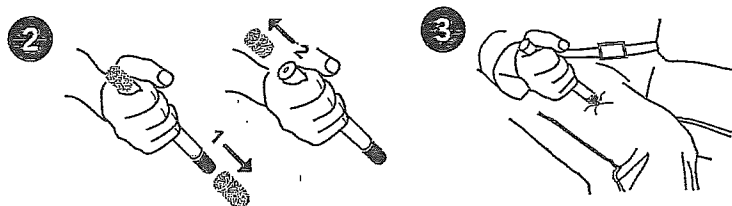
EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



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

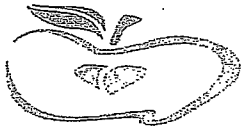
NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

11. FP Assistance Special Diet Form



FP Assistance
Feeding the Future

SPECIAL DIET FORM

This facility/Site participates in the child an adult food program and any meals, snacks, or milk claimed for reimbursement must meet program requirements. Food accommodations must be made when the food accommodation is due to a disability. (A physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairments.) Reasonable food accommodations may be made for children/participants without disabilities who may have special medical or dietary needs. Food accommodations are to be supported by a statement signed by a recognized state medical authority which is defined as a state licensed health professional who is authorized to write medical prescriptions under state law.

To Be Completed by parent:

Child's Name: _____

Parent Guardian Name: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code _____

To Be Completed by State Recognized medical authority:
Describe Disability: _____

What major life activity is affected? _____

How does the disability restrict the diet? _____

Child participant has no disability but requires a special diet: _____

What major life activity is affected? _____

How does the disability restrict the diet? _____

Child Has No Disability but requires food accommodation:
Describe the medical or other dietary need that restricts the diet:
List Food or Type of food to be omitted: _____

List food or Type of food to be substituted for omitted food. Please be specific

Signature of State Recognized Medical Authority: _____
Printed Name _____ Date: _____ Phone # _____

12. Operational Policy on Infant Sleep



OPERATIONAL POLICY ON INFANT SAFE SLEEP

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

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 Syndrome (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

SAFE SLEEP POLICY

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 an Infant Sleep Exception form 2710 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 and §747.2315]. 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 and §747.2315].
- 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 and §747.2315].

- 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 or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- 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 an Infant Sleep Exception form 2710 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 an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2428 and §747.2328].

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: X Director/Owner	Date signed:
Signed by: X Staff member	Date signed:
Signed by: X Parent	Date signed:

13. Child Assessment Form

Child Assessment Form

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

Child Assessment Form

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)	City	County	Zip
Mailing Address (if different) -- Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

* If applicable.

1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		

What position is most comfortable for your child when he/she is napping?	
--------------------------------------------------------------------------	--

4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

6. Family History:

<p>8.4 Family History:</p> <p>Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)</p>	
---------------------------------------------------------------------------------------------------------------------------------------	--

I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

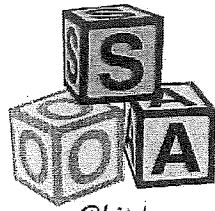
I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

14. Toilet Training



Child
Learning Center

Toilet Training : Is your child ready?

1. Expresses interest in coming into the bathroom with you to find out what goes on there and perhaps even sits on the toilet his/herself.
2. Understands what the toilet is for and what it means to have a wet or dirty diaper. If he/she also shows a preference for being clean and dry, fussing when dirty or wet, pulling off a soiled diaper, or asking to be changed; all the better!
3. Knows the words for urinating and having bowel movements (such as "going potty" or whatever words your family chooses).
4. Can stay dry for at least 2 hours at a time.
5. Has regular bowel movements with soft, formed stools
6. Can and will follow simple directions, such as those for washing hands.
7. Can help pull pants up and down
8. Seems to recognize at least a few seconds ahead of time that he/she's about to go, and can tell you before it happens. (Many youngsters will squat, leave the room, or get "the look" before having a bowel movement.)
9. Is in a willing, receptive mood and isn't going through any major transitions (like adjusting to a new sibling or school)
10. Demonstrates a desire for independence (for example, wants to be a "big boy/girl" and do things for his/herself) – better yet, shows a specific desire to use the toilet like older siblings or grown-ups do

**If your child meets most of these criteria, he/she's ready to try.
If not, wait a month or two and reevaluate.**

1. Potty-Training should begin at home over a long weekend or holiday.
2. Once you have had success at home for at least a week, your child may begin wearing CLOTH panties/underwear with rubber pants to cover them at school
3. You must still provide 1-2 pull ups for nap or other extended periods. Also you **MUST** provide at least 2 complete changes of clothing for your child.
4. Under no circumstances will your child be allowed to potty-train in regular panties/underwear without the rubber pants.
*** This is for sanitary reasons! Regular panties/underwear cannot contain urine & feces to prevent the spread of germs in our facility and to other children.
5. **Please cooperate on this matter.**
6. Also, if you begin training, please notify us so that we can continue with all the work you have accomplished.
7. Further, if within 2-3 weeks, your child shows no signs of progress, we reserve the right to put your child back in diapers & try again in a few weeks.

Parent has read & agreed to the Toilet training policies.

Parent/Guardian Signature

Date

Director/Administrative Assistant Signature

Date

15. Supply Policy



Supply Policy

Here at **SOA CHILD LEARNING CENTER** the safety and cleanliness of the children we care for is our top priority. We require the following supplies for every child:

INFANTS:

1. Diapers
2. Wipes
3. Bottles / sippy cups
4. Formula if child is not on whole milk
5. Food if parent has any special feeding requirements
6. 2 changes of clothing (tops, bottoms, socks, bibs)
7. 1 box of Kleenex per child
8. 1 box of gallon ziplock bags

9. Distilled Water for Feedings (If needed)

10. Pacifier, Bibs, Small Blanket...ets

Please Label all Items with Child's Name

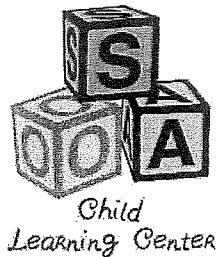
Parent/Guardian Signature

Date

Director

Date

16. Exclusion Form



Exclusion Policy

Control of communicable disease should be all party's primary concern.

All children enrolled in this facility must be current on their immunizations and parents / guardians will be required to provide the immunization record at the time of enrollment.

Policies and guidelines related to outbreaks of communicable diseases and illnesses in this facility have been developed with the help of the local health department and local pediatricians in order to protect the group as a whole as well as the health of your own child. We ask that parents assist us by keeping sick children at home. If they have or have experienced any of the following symptoms in the past 24 hours they need to be kept at home.

- A fever of 100.4 orally or 99.4 under the arm.
- Signs or symptoms of a possible severe illness such as lethargy, abnormal breathing, uncontrollable diarrhea, 2 or more vomiting episodes in a 24 hour period, rash, mouth sores, behavior changes, or any other changes that indicate the child is severely ill.
- Severe or uncontrollable coughing spells.
- Unusual or unexplained loss of appetite, fatigue, irritability, or headache.
- Any yellow or green discharge or drainage from the eyes, nose, ears, or open sores.
- Any communicable disease as defined by the Texas Department of Health

Children who show signs or symptoms listed above will be returned home or expected to be picked up ASAP. We appreciate your cooperation with this policy.

A child must be free of fever for 24 hours without medication before returning.

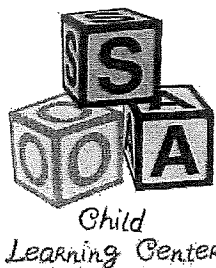
If you have any questions concerning this policy and whether your child should attend, please call us at 210-775-2807 before bringing your child to the childcare.

I have read and understand this policy.

Parent/Guardian Signature

Date

17. Permission to Photograph



Permission to Photograph

I, _____
(parent or guardian's name)

give permission for SOA CHILD LEARNING CENTER

to photograph my child, _____
(child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facility's website *		
Use still photos in promotional materials		
Videos:		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (please list):		

Parent/Guardian Signature

Date

18. Food Program Forms (all 3
pages Must be completely
filled out)

**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.

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.

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.

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.

This Center participates in the Child and Adult Care Food Program and provides meals to all children enrolled in this Center regardless of race, color, national origin, sex, age, disability, religion, or political belief.

Food Program Enrollment Form

Sponsor Name: **FP Assistance - (866) 454-3663**

Center Name: SOA Child Learning Center CODE: S310

Child's Name _____ Date of Birth _____ Age _____

Admission date: _____ Withdrawal Date _____

1. Circle the days that your child will normally attend the Center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the Center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the Center

06:30 am to 06:30pm

Parent Signature

Date of Signature

() _____
Day Time Phone Number

Please take the time to complete the attached MBIE form. The information will be kept confidential at the Sponsors Office.

Thank you,
FP Assistance

F R D



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members S310

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) (Example) Jane Smith	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:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ 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.

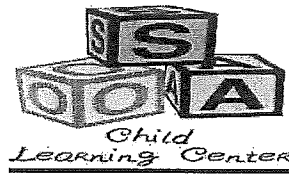
Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities 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 USDA Program Discrimination Complaint Form, (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.

19. Acknowledgement of Policies



Acknowledgement of Policies

I, _____ and _____ have read and understand all Policies and Guidelines of **SOA CHILD LEARNING 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 **SOA LEARNING 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/Guardian Signature _____

Parent/Guardian Signature _____

Director Signature _____

Today's Date _____