Dear Parents:

Welcome to Tree House Academy Children’s Learning Center. We are pleased that your child will be joining us soon. This packet contains information about Tree House Academy, including our policies and information that will be required for you to enroll your child in the center. All the information from the checklist below must be returned to us by your child’s first day of school.

☐ Two (2) photos of your child (these need to be recent and clearly show the face)
☐ Admissions Form
☐ Admissions Form Pg.2
☐ Parent Handbook
☐ Tuition Rate Form
☐ Copy of Shot Records
☐ Discipline & Guidance Policy
☐ Illness Policy
☐ Pick-up Policy Form
☐ Nut Free Facility Form
☐ Permission to Apply Sunscreen
☐ Permission to Apply Insect Repellent
☐ Email
☐ Media Release
☐ PB & J Monitoring Form
☐ Food Program Enrollment
☐ Income Eligibility
☐ Gang Free Zone Requirements
☐ Safe Sleep Policy

If you have any questions about any of these forms, or any other information, please do not hesitate to contact us. We are looking forward to having you and your child join the Tree House Academy family.

Sincerely,

Tree House Academy Management
INFANT & TODDLER PROGRAM: Please make sure your child has the following items:

- Naptime items (Crib Sheet & Blanket) – Toddlers ONLY
- Ointments labeled
- Bottles or cup labeled with name
- Diapers
- Wipes
- Extra change of clothes
- Baby food

TWO’s & PRE-K PROGRAM: Please make sure your child has the following items:

- Naptime items (Crib Sheet & Blanket)
- Extra change of clothes
- Diapers and wipes (if applicable)
### ADMISSION INFORMATION

**Operation Name**
Tree House Academy

**Child's Full Name**

**Child's Date of Birth**

**Child's Home Telephone No.**

**Date of Admission**

**Date of Withdrawal**

**Parent’s or Guardian’s Name**

**Address (if different from child’s address)**

**List telephone numbers below where parents/guardian may be reached while child will be in care:**

<table>
<thead>
<tr>
<th>Mother's Telephone No.</th>
<th>Father's Telephone No.</th>
<th>Guardian’s Telephone No.</th>
<th>Cell Phone No</th>
</tr>
</thead>
</table>

**Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:**

**Relationship**

---

**CHECK ALL THAT APPLY:**

1. **TRANSPORTATION:**
   - I hereby [ ] give [ ] do not give - consent for my child to be transported and supervised by the operation’s employees:
     - [ ] Walk home
     - [ ] for emergency care
     - [ ] on field trips
     - [ ] to and from home
     - [ ] to and from school

2. **FIELD TRIPS:**
   - I hereby [ ] give [ ] do not give - my consent for my child to participate in Field Trips:

3. **WATER ACTIVITIES:**
   - I hereby [ ] give [ ] do not give - my consent for my child to participate in Water Activities:
     - [ ] sprinkler play
     - [ ] splashing/wading pools
     - [ ] swimming pools
     - [ ] water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
   - I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.

5. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**
   - [ ] None
   - [ ] Breakfast
   - [ ] AM Snack
   - [ ] Lunch
   - [ ] PM Snack
   - [ ] Supper
   - [ ] Evening Snack

6. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**
   - [ ] Mondays from: to:
   - [ ] Tuesdays from: to:
   - [ ] Wednesdays from: to:
   - [ ] Thursdays from: to:
   - [ ] Fridays from: to:
   - [ ] Saturdays from: to:
   - [ ] Sundays from: to:

---

**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:**
- **Ph.#:**

- **Name of Emergency Medical Care Facility:**
- **Address:**
- **Ph.#:**

I give consent for the facility to secure any and all necessary emergency medical care for my child.

**Signature - Parent or Legal Guardian**

---

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

---

Child daycare 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**
ADMISSION INFORMATION

SCHOOL AGE CHILDREN:
☐ My child attends the following school:

Name of School and Address

School Ph #

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

Name of sibling(s):

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

IMMUNIZATION RECORD:
☐ I have provided the childcare operation with a copy of my child’s most current immunization record.

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

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

☐ Health Care Professional’s Signature

☐ Date

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

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

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

Name and address of health care professional:

☐ Signature - Parent or Legal Guardian

☐ Date

<table>
<thead>
<tr>
<th>VISION</th>
<th>R 20/________</th>
<th>L 20/________</th>
<th>☐ PASS ☐ FAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNATURE</td>
<td>___________________</td>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>HEARING</td>
<td>1000 Hz</td>
<td>2000 Hz</td>
<td>4000 Hz</td>
</tr>
<tr>
<td>R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>___________________</td>
<td>DATE</td>
<td></td>
</tr>
</tbody>
</table>

☐ Signature - Parent or Legal Guardian

☐ Date
Name: ___________________________ D.O.B.: ___________________________

Allergy to: ____________________________________________________________

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

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

Extremely reactive to the following allergens: __________________________________________

THEREFORE:

[ ] If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
[ ] If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

### FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS

<table>
<thead>
<tr>
<th>LUNG</th>
<th>HEART</th>
<th>THROAT</th>
<th>MOUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short of breath, wheezing, repetitive cough</td>
<td>Pale, blue, faint, weak pulse, dizzy</td>
<td>Tight, hoarse, trouble breathing/swallowing</td>
<td>Significant swelling of the tongue and/or lips</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SKIN</th>
<th>GUT</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many hives over body, widespread redness</td>
<td>Repetitive vomiting, severe diarrhea</td>
<td>Feeling something bad is about to happen, anxiety, confusion</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>NOSE</th>
<th>MOUTH</th>
<th>SKIN</th>
<th>GUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itchy/runny nose, sneezing</td>
<td>Itchy mouth</td>
<td>A few hives, mild itch</td>
<td>Mild nausea/discomfort</td>
</tr>
</tbody>
</table>

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

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

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

### MEDICATIONS/DOSES

- **Epinephrine Brand or Generic:** ___________________________
- **Epinephrine Dose:** □ 0.15 mg IM □ 0.3 mg IM
- **Antihistamine Brand or Generic:** ___________________________
- **Antihistamine Dose:** ___________________________
- **Other (e.g., inhaler-bronchodilator if wheezing):** ___________________________
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.

ADRENACLICK® (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: __________________________

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 7/2016
Parents:

It is very important that we have a current Immunization Record on file for the safety and protection of ALL our children. Please see the front office if you have any questions.

Thank you,
Management
Discipline and Guidance Policy for ____________________________

◆ 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; and
   (9) 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
Parent Handbook Agreement

In applying to reserve childcare services for my child(ren), I agree to abide by Tree House Academy policies as set forth in this parent policies agreement.

I acknowledge the receipt of the following policies:

- Operating Services & Hours
- Philosophy & Goals
- ADA Statement
- Equal Opportunity Provider
- Curriculum
- Tuition Rates
- Miscellaneous Fees
- Tuition Payments
- General Payment & Tuition Schedule
- Refunds
- Withdrawals
- Holidays
- Ultimate Financial Responsibility
- Admission Procedures & Waiting List
- Safety
- Child Abuse & Neglect
- Childcare Licensing Reports
- Emergency Preparedness
- Arrival & Departure Procedures
- Transportation
- School Age Drop off & Pick up Procedures
- Naptime
- Animals
- Outdoor Play
- Sunscreen
- Water Play & Pool Policies
- Health & Illness Policy
- Medication
- Hearing & Vision Screening
- Nutrition
- Student Meals
- Guidance & Discipline
- Confidentiality Policy
- Class Placement & Promotions
- Clothing & Belongings
- Role of the Parent & Finder’s Fee
- Parent Notifications & Referral Program
- Questions or Complaints

Child(ren)’s Name: ______________________________________________________________

Parent’s Name (please print): __________________________________ Date: ______________

Parent’s Signature: ________________________ Parent’s Driver’s License # ______________

Updated 1/2013
In order for us to get information to you quicker, please provide us with an e-mail address below.

Thank you!

Parent Name: ____________________________________________________________

E-mail Address: _________________________________________________________

Parent Name: __________________________________________________________

E-mail Address: _________________________________________________________
MEDIA: CONSENT AND RELEASE FORM

Tree House Academy – Children’s Learning Center

We would appreciate it if parents completed this consent form in order to allow their children to be photographed or videoed during special events or normal day-to-day activities organized at Tree House Academy. In order for a child to have their photograph taken or be included in any type of video, they must have a consent form on file at Tree House Academy.

If you do not want to have your child photographed or videoed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child/children is/are aware of this.

As the parent of a child or children at Tree House Academy, I agree to the following:

• I understand that my child(ren) whose name(s) are listed below may be photographed or videoed at Tree House Academy during normal daycare hours, field trips, or activities.
• I understand that these photographs and videos may be used in school publications or used on the Tree House Academy website.
• I give permission for my child(ren) to be photographed or videoed and their images recorded to be used on Tree House Academy’s website or publications.

The following are the names of my children attending Tree House Academy:
(Please print your child’s full name and teacher):

________________________________________

( ) Yes, I confirm that I have read and understood the above, and agree to have my child(ren)’s images used on the Tree House Academy website or publications.

( ) No, I do not wish to have my child(ren)’s images recorded or used in Tree House Academy’s publications or on the website.

Name (please print) __________________________

Signature: ________________________________

Date: ________________________________
Webcasting RELEASE and Consent Form

I understand that I have enrolled my child or children at __________________________ located at __________________________, also referred to herein as the “Day Care”.

The Day Care has a program whereby web cam’s are in use and my children are under constant streaming video surveillance that is accessible from the web in accordance with the terms and conditions associated with the Peanut Butter & Jelly, LLC website (also referred to herein as “PB&J”). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named above. I agree that these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings may be used for advertising, publicity, commercial or other business purposes. I further agree that the video footage is the sole property of the above listed facility and may only be used by them. I agree that I have no rights to any of the video footage or photographs for any reason at any time. The video footage will be used for internal training and management within the facility. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

Since my child/children is/are under the age of 18: I, __________________________, certify that I am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Child(ren) Name(s): __________________________
______________________________
______________________________

Print Name: __________________________

Signature: __________________________

Date: __________________________
Permission to Apply Sunscreen

I, ___________________________________________, give Tree House Academy permission to apply sunscreen to my child, ___________________________________________, for protection from the sun while he/she participate in outdoor activities with Tree House Academy.

I understand that I am to provide the sunscreen labeled with my child’s name, and only the sunscreen provided by me will be applied to my child.

_________________________________________  ______________________________
Parent/Legal Guardian Signature               Date

I, ___________________________________________, do not give Tree House Academy permission to apply sunscreen to my child, ___________________________________________.

_________________________________________  ______________________________
Parent/Legal Guardian Signature               Date
Permission to Apply Insect Repellant

I, ________________________________, give Tree House Academy permission to apply insect repellent to my child, ________________________________, for protection from insects while he/she participate in outdoor activities with Tree House Academy.

I understand that I am to provide the insect repellant labeled with my child’s name, and only the insect repellant provided by me will be applied to my child.

____________________________________  ____________________________
Parent/Legal Guardian Signature            Date

____________________________________
Parent/Legal Guardian Signature

I, ________________________________, do not give Tree House Academy permission to apply insect repellent to my child, ________________________________.

____________________________________  ____________________________
Parent/Legal Guardian Signature            Date
Student Pick-up Policy

PERSONS AUTHORIZED TO PICK UP CHILDREN:

- Children will not be dismissed to anyone other than the parent/guardian without prior parent / guardian consent.

- Authorized representatives may pick up with parent/guardian consent and must be 18 years of age or older.

- If an authorized representative is picking up the child they must have identification with them as it will be checked against the information provided by the parent/guardian.

- If someone other than those listed as an authorized or emergency pick-up will be picking up your child, written permission must be given.

EMERGENCY INFORMATION:

Tree House Academy keeps emergency information on file for every child. This information lists the current addresses and phone numbers of family members and at least two other authorized persons who may be called in an emergency when the parents / guardians cannot be reached. Persons expressly denied authorization to pick up the child are also listed. It is essential that names and phone numbers be kept up-to-date. Failure to maintain current phone numbers and address can result in loss of child care services.

_________________________  ____________________
Parent/Legal Guardian Signature  Date
Illness Policy

Parents are advised to keep their children at home or to seek alternative care arrangements for the following conditions:

- Pain – any complaints of unexplained or undiagnosed pain.
- Runny nose (green mucus indicated infection), watery eyes, coughing, sore throat, or productive cough.
- Difficulty breathing – wheezing or a persistent cough.
- Fever (100°F)
- Sore throat or trouble swallowing
- Infected skin or eyes or an undiagnosed rash
- Unexplained diarrhea or loose stool
- Vomiting or nausea
- Severe itching of body and scalp
- Children with known or suspected communicable diseases

It is required to keep (or take) a child home when the child:

- Is suffering from one or more of the above symptoms
- Is not well enough to take part in the regular program of the facility

The child must remain out of the center until they are symptom free without medication for at least 24 hours or accompanied by a doctor’s note authorizing care.

______________________________  __________________________
Parent/Legal Guardian Signature  Date
Nut Free Policy

At Tree House Academy we want to insure the health and safety of all our children, families and staff members. Therefore, Tree House Academy is a nut free facility and asks that you not bring any nut products of any kind into the building including Chick-fil-a products as they use peanut oil to fry their food in.

________________________________________  ______________________________________
Parent/Legal Guardian Signature                Date
Screen Time Policy

Children over the age of two are limited to two hours per day on “Screen Time” which includes television, tablet, computer and Wii activities. Any child under the age of two years is restricted from any screen time.

Parent/Legal Guardian Signature

Date
Dear Parents,

At Tree House Academy, we are constantly looking at ways to improve on the service we provide you and your children. With this in mind, we are excited to offer the convenience of automated tuition and fee payments.

Tuition Express, part of our ProCare Software management system, will allow us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete -- leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically on Monday mornings before 12:00 p.m. Tree House Academy can then produce a receipt for the payment if you chose to have one for your records.

Your personal account information is safe with Tuition Express -- safer, in fact, then paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

Please look over the attached Frequently Asked Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions, don't hesitate to ask.

By completing the enclosed Tuition Express enrollment form, you will help us take a gigantic step forward in our payment processing -- a step that will allow us to spend more time with your children and less time processing payments and making trips to the bank.

Going forward Tree House Academy will take three forms of payment:

Option #1 – Point of Sale by credit/debit card taken at the front desk

Option #2 – Stored credit card processed on Monday mornings for weekly and on the first of the month for monthly payments.

Option #3 – Check or money order

Tuition Express is convenient for you, efficient for us, but best for your children. Welcome Aboard!

Sincerely,

Tree House Academy - Management
We are excited to offer the safety, convenience and ease of Tuition Express – a payment processing system that allows secure, on-time tuition and fee payments to be made from your credit card. Going forward Tree House Academy will offer three types of payment options. Please select the option you wish to proceed with when making your tuition payment.

____ Option #1 - Stored credit card processed on Monday mornings for weekly and on the first of the month for monthly payments.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD**

I (we) hereby authorize [Tree House Academy](#) to initiate credit card charges to the below-referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days’ written notice. Check with the center for accepted card types.

**COMPLETE SECTION:**

<table>
<thead>
<tr>
<th>Cardholder Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder Address</td>
<td>City</td>
</tr>
<tr>
<td>Account Number</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Cardholder Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

____ Option #2 - Point of Sale by credit/debit card taken at the front desk

____ Option #3 - Check or money order (checks only accepted by those who have not had a returned check)

Parent Name: Date:

---

**For Official Use Only**

Date Received: 
Employee Signature: 
Entered in ProCare: 

---
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:

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<td>Director/Owner</td>
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<table>
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<tr>
<td>Staff member</td>
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<table>
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<tr>
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<td></td>
</tr>
<tr>
<td>Parent</td>
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</table>
Prevention of Child Abuse and Neglect:
We are required to report any signs of child abuse. The Child Abuse hotline is 1-800-252-5400. Our teachers are required to receive one annual training in preventing and responding to child abuse, including watching for warning signs and reporting abuse. An additional 29 hours of training in other areas is also required annually. The Child Abuse Reporting number 1-800-252-5400 and the Child Protective Services (940)381-3400 are listed in every classroom and on all phones. Our teachers have an initial orientation upon employment reviewing our guidelines on reporting suspected neglect and/or abuse. When child abuse and/or neglect is suspected it will immediately be reported to the Child Abuse Reporting Hotline. We work closely with Child Protective Services to ensure the safety of all the children in our care.
The following information can be found at www.helpguide.org.
Local resources include www.cacdc.org

Warning signs of emotional abuse in children
- Excessively withdrawn, fearful, or anxious about doing something wrong.
- Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive).
- Doesn’t seem to be attached to the parent or caregiver.
- Acts either inappropriately adult (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums)

Warning signs of physical abuse in children
- Frequent injuries or unexplained bruises, welts, or cuts.
- Is always watchful and “on alert,” as if waiting for something bad to happen.
- Injuries appear to have a pattern such as marks from a hand or belt.
- Shies away from touch, flinches at sudden movements, or seems afraid to go home.
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

Warning signs of neglect in children
- Clothes are ill-fitting, filthy, or inappropriate for the weather.
- Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor).
- Untreated illnesses and physical injuries.
- Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.
- Is frequently late or missing from school.

Warning signs of sexual abuse in children
- Trouble walking or sitting.
- Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.
- Makes strong efforts to avoid a specific person, without an obvious reason.
- Doesn’t want to change clothes in front of others or participate in physical activities.
- An STD or pregnancy, especially under the age of 14.
- Runs away from home.

Risk factors for child abuse and neglect
While child abuse and neglect occurs in all types of families—even in those that look happy from the outside—children are at a much greater risk in certain situations.
- Domestic violence. Witnessing domestic violence is terrifying to children and emotionally abusive. Even if the mother does her best to protect her children and keeps them from being
physically abused, the situation is still extremely damaging. If you or a loved one is in an abusive relationships, getting out is the best thing for protecting the children.

- **Alcohol and drug abuse.** Living with an alcoholic or addict is very difficult for children and can easily lead to abuse and neglect. Parents who are drunk or high are unable to care for their children, make good parenting decisions, and control often-dangerous impulses. Substance abuse also commonly leads to physical abuse.

- **Untreated mental illness.** Parents who suffering from depression, an anxiety disorder, bipolar disorder, or another mental illness have trouble taking care of themselves, much less their children. A mentally ill or traumatized parent may be distant and withdrawn from his or her children, or quick to anger without understanding why. Treatment for the caregiver means better care for the children.

- **Lack of parenting skills.** Some caregivers never learned the skills necessary for good parenting. Teen parents, for example, might have unrealistic expectations about how much care babies and small children need. Or parents who were themselves victims of child abuse may only know how to raise their children the way they were raised. In such cases, parenting classes, therapy, and caregiver support groups are great resources for learning better parenting skills.

- **Stress and lack of support.** Parenting can be a very time-intensive, difficult job, especially if you’re raising children without support from family, friends, or the community or you’re dealing with relationship problems or financial difficulties. Caring for a child with a disability, special needs, or difficult behaviors is also a challenge. It’s important to get the support you need, so you are emotionally and physically able to support your child.

*Recognizing abusive behavior in yourself:*
If you need professional help...
Do you feel angry and frustrated and don’t know where to turn? In the U.S., call 1-800-4-A-CHILD to find support and resources in your community that can help you break the cycle of abuse.
Do you see yourself in some of these descriptions, painful as it may be? Do you feel angry and frustrated and don’t know where to turn? Raising children is one of life’s greatest challenges and can trigger anger and frustration in the most even tempered. If you grew up in a household where screaming and shouting or violence was the norm, you may not know any other way to raise your kids.
Recognizing that you have a problem is the biggest step to getting help. If you yourself were raised in an abusive situation, that can be extremely difficult. Children experience their world as normal. It may have been normal in your family to be slapped or pushed for little to no reason, or that mother was too drunk to cook dinner. It may have been normal for your parents to call you stupid, clumsy, or worthless. Or it may have been normal to watch your mother get beaten up by your father.
It is only as adults that we have the perspective to step back and take a hard look at what is normal and what is abusive. Read the above sections on the types of abuse and warning signs. Do any of those ring a bell for you now? Or from when you were a child? The following is a list of warning signs that you may be crossing the line into abuse:

**How do you know when you’ve crossed the line?**
- **You can’t stop the anger.** What starts as a swat on the backside may turn into multiple hits getting harder and harder. You may shake your child harder and harder and finally throw him or her down. You find yourself screaming louder and louder and can’t stop yourself.
• **You feel emotionally disconnected from your child.** You may feel so overwhelmed that you don’t want anything to do with your child. Day after day, you just want to be left alone and for your child to be quiet.

• **Meeting the daily needs of your child seems impossible.** While everyone struggles with balancing, dressing, feeding, and getting kids to school or other activities, if you continually can’t manage to do it, it’s a sign that something might be wrong.

• **Other people have expressed concern.** It may be easy to bristle at other people expressing concern. However, consider carefully what they have to say. Are the words coming from someone you normally respect and trust? Denial is not an uncommon reaction.

**Breaking the cycle of child abuse**
If you have a history of child abuse, having your own children can trigger strong memories and feelings that you may have repressed. This may happen when a child is born, or at later ages when you remember specific abuse to you. You may be shocked and overwhelmed by your anger, and feel like you can’t control it. But you can learn new ways to manage your emotions and break your old patterns.

Remember, you are the most important person in your child’s world. It’s worth the effort to make a change, and you don’t have to go it alone. Help and support are available.

**Tips for changing your reactions**

• **Learn what is age appropriate and what is not.** Having realistic expectations of what children can handle at certain ages will help you avoid frustration and anger at normal child behavior. For example, newborns are not going to sleep through the night without a peep, and toddlers are not going to be able to sit quietly for extended periods of time.

• **Develop new parenting skills.** While learning to control your emotions is critical, you also need a game plan of what you are going to do instead. Start by learning appropriate discipline techniques and how to set clear boundaries for your children. Parenting classes, books, and seminars are a way to get this information. You can also turn to other parents for tips and advice.

• **Take care of yourself.** If you are not getting enough rest and support or you’re feeling overwhelmed, you are much more likely to succumb to anger. Sleep deprivation, common in parents of young children, adds to moodiness and irritability—exactly what you are trying to avoid.

• **Get professional help.** Breaking the cycle of abuse can be very difficult if the patterns are strongly entrenched. If you can’t seem to stop yourself no matter how hard you try, it’s time to get help, be it therapy, parenting classes, or other interventions. Your children will thank you for it.

• **Learn how you can get your emotions under control.** The first step to getting your emotions under control is realizing that they are there. If you were abused as a child, you may have an especially difficult time getting in touch with your range of emotions. You may have had to deny or repress them as a child, and now they spill out without your control.

**Helping an abused or neglected child**
What should you do if you suspect that a child has been abused? How do you approach him or her? Or what if a child comes to you? It’s normal to feel a little overwhelmed and confused in this situation. Child abuse is a difficult subject that can be hard to accept and even harder to talk about.

Just remember, you can make a tremendous difference in the life of an abused child, especially if you take steps to stop the abuse early. When talking with an abused child, the best thing you can provide is calm reassurance and unconditional support. Let your actions speak for you if you’re
having trouble finding the words. Remember that talking about the abuse may be very difficult for the child. It’s your job to reassure the child and provide whatever help you can.

**Tips for talking to an abused child:**

- **Avoid denial and remain calm.** A common reaction to news as unpleasant and shocking as child abuse is denial. However, if you display denial to a child, or show shock or disgust at what they are saying, the child may be afraid to continue and will shut down. As hard as it may be, remain as calm and reassuring as you can.

- **Don’t interrogate.** Let the child explain to you in his or her own words what happened, but don’t interrogate the child or ask leading questions. This may confuse and fluster the child and make it harder for them to continue their story.

- **Reassure the child that they did nothing wrong.** It takes a lot for a child to come forward about abuse. Reassure him or her that you take what is said seriously, and that it is not the child’s fault.

- **Safety comes first.** If you feel that your safety or the safety of the child would be threatened if you try to intervene, leave it to the professionals. You may be able to provide more support later after the initial professional intervention.

Please let us know if you need additional information including information for assistance if you or anyone in your family is a victim of abuse.
New Requirements Regarding Gang-Free Zones
For Child Care Centers

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

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

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

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

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

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

For further information please contact your licensing representative or your local licensing office.
WIC --The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk.

The Texas Department of State Health Services (DSHS) administers this Federal program in Texas, to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

2. Who is eligible?

Pregnant women, women who are breastfeeding a baby under 1 year of age, women who have had a baby in the past six months, and parents, step-parents, guardians, and foster parents of infants and children under the age 5 can apply for their children. To be eligible on the basis of income, applicants’ income must fall at or below 185% of the U.S. Poverty Income Guidelines (see below).

A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

**WIC INCOME GUIDELINES**
The WIC income guidelines below are effective beginning July 1, 2016

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For each additional family member add: $7,696 $642 $321 $296 $148
3. What is “nutrition risk?”

Two major types of nutrition risk are recognized for WIC eligibility:
- Medically-based risks such as a history of poor pregnancy outcome, underweight status, or iron-deficiency anemia, and
- Diet based risks, such as poor eating habits that can lead to poor nutritional and health status.

Nutrition risk is determined through an initial health and diet screening at the WIC clinic.

4. What are the Health Benefits of WIC?

Studies show that WIC plays an important role in improving birth outcomes and containing health-care costs. WIC has a positive impact on children’s diets. WIC improves infant-feeding practices by actively promoting breastfeeding as the best method of feeding infants. WIC clients have improved rates of childhood immunizations and a regular source of health care.
- Improved infant-feeding practices
- Premature births reduced
- Fetal death rate reduced
- Low birthweight reduced
- Long-term medical expenses reduced
- Improved dietary intake
- Improved cognitive development
- Fewer premature births

5. How do I contact DSHS about WIC?

Call toll free at (800) 942-3678 or (800) WIC-FOR-U; or go online to http://www.dshs.state.tx.us.