



Admission Information

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 Franzcesca Guidry-Jackson	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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		Phone Number	
Name		Phone Number	
Name		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="radio"/> I give consent for my child to participate in field trips.			
<input type="radio"/> 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:

☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

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 (CCL),
DFPS, Child Abuse Hotline, and CCL 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	A.M.	P.M.
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

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

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

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.

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.

Signature — Health Care Professional

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

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

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature

Date Signed

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right				<input type="radio"/> Pass	<input type="radio"/> Fail
Left				<input type="radio"/> Pass	<input type="radio"/> 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)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	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

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.

Signature

Date Signed

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

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

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

YWCA INFORMATION CARD

CHILD'S NAME: _____ D.O.B: _____ SEX: M F
CHILD'S ADDRESS: _____ ZIP: _____ PHONE: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
CELL: _____ CELL: _____
BUSINESS: _____ BUSINESS: _____
EMPLOYER: _____ EMPLOYER: _____

IN CASE OF EMERGENCY PLEASE CONTACT THE FOLLOWING. I ALLOW MY CHILD TO LEAVE THE CHILDCARE OPERATION WITH ONLY THE FOLLOWING PERSONS:

NAME: _____	PHONE: _____	RELATION: _____
NAME: _____	PHONE: _____	RELATION: _____
NAME: _____	PHONE: _____	RELATION: _____
NAME: _____	PHONE: _____	RELATION: _____

SOCIAL WORKER _____ PHONE: _____ EXT _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the childcare director or persons in charge to take my child to:

CHILD'S DOCTOR: _____
ADDRESS: _____
PHONE: _____

NAME OF HOSPITAL: _____
ADDRESS: _____ PHONE: _____ EXT _____

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital/clinic.

Parent/Legal Guardian

TRANSPORTATION:

I hereby () give consent () do not give my consent for my child to be transported and supervised by the facility
() on field trips () from school

WATER ACTIVITIES:

I hereby () give () do not give consent for my child to participate in water activities
() splashing pools () wading pools () other bodies of water provided by the facility.

Parents Comments: _____



Applicant Information

Date/ Fecha: _____

Child's First Name/ Nombre: _____ Child's Last Name/ Apellido: _____

Birth Date/ Fecha de Nacimiento: ____ / ____ / ____ Gender/ Genero: ☐ Female/ Femenino ☐ Male/ Masculino

Child's Address/ Domicilio del niño: _____

Parents phone number/ Número de teléfono: _____

City/ Ciudad: _____ State/ Estado: _____ Zip/ Código Postal: _____

Parent Information/ Información del Padre/ Madre:

Name/ Nombre

Place of Employment/ Lugar de Empleo

Name/ Nombre

Place of Employment/ Lugar de Empleo

Household Information/ Información del Hogar: (Check One/ Marque uno)

- ☐ Single Parent/ Soltero ☐ Two Parent/ Padre y Madre
☐ Non-Family/ No Familia ☐ Other-Family/ Otro Familiar

Total People in Household/ Total de personas en casa: _____

Total # of Children under 18 years old in household/ Total niño(a)s menores del 18 años en casa: _____

Household Monthly Income/ Ingreso Mensual : (Check One/ Marque uno)

- ☐ Less than \$416/ menos de \$416 ☐ \$834-\$1,249 ☐ \$2,084-\$2,916
☐ \$417-\$833 ☐ \$1,250-\$2,083 ☐ \$2,917-\$4,166 ☐ \$4,167 or more/ o mas

Ethnicity/ Etnicidad: (Check one/ Marque uno)

- ☐ Hispanic/ Hispano ☐ Non-Hispanic/ No-Hispano

Race/ Raza: (Check all that apply/ Marque todos que aplican)

- ☐ African-American/ Africo Americano ☐ American Indian/ Nativo Americano ☐ Asian/ Asiatico
☐ White/ Blanco ☐ Other/ Otro

I have received the revised copy of the YWCA Olga Madrid Child Development Center Parent Handbook, which covers the following topics:

- Olga Madrid Child Development Center Goals
- Staff Qualifications and Skills
- Operational Hours
- Tuition
- Fees and Charges
- Separation Procedure
- Attendance and Release
- Enrollment
- Vacation
- Immunization and Physical Examination Requirements
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- Physical Activity and Technology
- Water Activities
- Inclement Weather
- Field Trips
- Communication
- Parent Participation
- Visitation
- Security Cameras
- Complaint Procedure
- Child Abuse
- Texas Department of Protective and Regulatory Services
- Gang Free Zone
- Basic Emergency Plan

I have read, understand, and agree to follow all policies set forth by the YWCA Child Development Center.

Child's name _____

Parent Signature _____

Date _____

Parent Acknowledgement

I have received a copy of the following information:

1. YWCA Parent Manual for childcare services
2. WIC Guidelines
3. Building for the Future-Agriculture Risk Protection
4. Non-pricing letter (Form 1626)

I have read and understand the policies, procedures and information provided.

Parent Signature

Date

Director Signature

Date

eliminating racism
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ywca

Olga Madrid Child Development Center Parent Handbook

Rev October 2017 /CH

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Olga Madrid Child Development Center Goals

Welcome to the YWCA Olga Madrid Child Development Center. Since 1977 the YWCA's has been licensed by the Texas Department of Protective and Regulatory Services and has been in high standings with Texas Rising Star since 2004. Texas Rising Star provider certification improves the quality of child care services in Texas. Certification improves the quality of child care provided, not only to families whose child care is subsidized by TWC, but to all children enrolled in certified facilities.

Our primary goal has been to provide children with activities and experiences that promote optimal growth and development. This has been achieved by providing children aged infancy through twelve years with the following:

Safe secure supervision at all times

Age appropriate activities in the following areas: physical skills and health, social behavior and cognitive development

Bilingual curriculum

Nutritious breakfast, lunch and snacks

Community awareness

A positive environment that enhances each child's self-concept

Low classroom teacher: student ratios

Staff Qualifications and Skills

A licensed Director or Designee is present in the center at all times. Staff working directly with the children receive annual training in the following areas:

CPR and First Aid

Childhood Diversity

Nutrition

Safety

Risk Management

Transportation Safety Training

Special Needs Children

Child Growth and Development

Risk Management

Age-appropriate Development

Health & Safety

Teacher Interaction

Communication

Child Abuse and Neglect

Professional Development

Operational Hours

The YWCA Child Development Center operates within the YWCA Olga Madrid Community Center. Care is available twelve months out of the year, Monday – Friday from 7:00 AM – 6:30 PM. Parents are requested to pick up their children by 6:00 PM or a \$10.00 late fee per child at 6:31 and a \$1.00 per minute after that will be assessed. **Late pick up fees must be paid with cash or money order before the child/children's returns to the center.** Excessive late pick up could be cause for dismissal from the program.

The YWCA Child Development Center will close early twice a year for staff development. These days are tentative and notices will be sent home a week prior to closure.

The program is closed in accordance with the City of San Antonio holiday schedule each year: Veterans Day, Thanksgiving Day, Christmas Eve, Christmas Day, New Years Day, Martin

Luther King, Presidents Day, Fiesta San Jacinto, Memorial Day, Independence Day, and Labor Day.

Any changes to the schedule will be posted on the door of the center and in each classroom.

Tuition

Tuition payments are due on a weekly basis, payable by 6:00 PM every Monday. Accounts with any balance are charged daily late fees. Any account with a balance on Tuesday will receive a written notice and a \$10 late fee will be added to your account. A \$1.00 will be added every day that the balance is not paid. **Accounts carrying a balance for more than one (1) week will cause suspension or dismissal from the program.** A \$30.00 service charge is assessed for checks returned by the bank unpaid. All accounts are monitored on a regular basis. If you would like to make alternative payment arrangements, the Child Development Center Director will be happy to meet with you to discuss an alternative payment schedule that better fits your needs. All charges and or balances are required to be paid in full before your child is withdrawn from the program.

CCS payments are due by the 1st business day of the month. Any CCS accounts that have a balance on the 3rd business day of the month will be reported to Child Care Services.

Tuition as follows:

Infant (0-17 month)	\$140 wk.
Toddler (18-35 month)	\$125 wk.
Preschool (3-5 years)	\$125wk.
School Age	\$125 wk.
After School pick up	\$65 wk.
Drop in (based on availability)	\$50 per day

If your child is absent from the center and vacation time is not being used, then half the regular tuition will be charged to your account. This is to ensure that your child's spot in the center is guaranteed.

If you choose to withdraw your child due to holidays, vacation, or illness, he or she will be considered a new client upon returning. All registration and supply fees will be charged to your account and your child will start over accumulating his or her vacation time. Spots are not guaranteed if the child is removed from the program.

Fees and Charges

Annual Registration Fee: \$20.00 per family payable at time of enrollment. This is an annual fee due Sept 1st of every year.

Annual Supply Fee: \$25.00 per child payable at time of enrollment. This is an annual fee due Sept 1st of every year.

Tuition: Rates vary according to the age of your child.

Late Payment Fee: Tuition is due Monday by 6:00 PM. Any payment made after this is considered late and a Late Fee will be added to your account in the amount of \$10.00 on Tuesday AM. A fee of \$1.00 is then added to your account every day that tuition is not paid.

Late Pick Up Fees: Families whose child/children is picked up after 6:00 PM will have a Late Pick Up fee added to their account of \$10.00 at 6:01 PM and \$1.00 a minute after that until child/children is picked up.

Drop- In Days: You are welcome to bring your child to the center as a drop-in provided there is space available. A rate of \$50.00 per child per day will be assessed, payable in cash or money order, upon arrival at the center. All fees are subject to change at any time by management.

Separation Procedure

A two week notice is required before withdrawing from the center. All balances must be paid before your child's last day. No payment arrangements will be allowed for the two weeks. If child withdraws with a balance re enrollment will not be allowed until previous balance is paid.

Attendance and Release

Parents must accompany their children to their classroom and sign them in and out on a daily basis. CCDS parents must also clock their child/children in and out. **All full-time children must be in the classroom by 9:00 AM**, unless your child has an appointment. This will insure that your child receives the maximum educational benefits and allow the center to evaluate staffing needs. Children that have a constant arrival time will help in preparing children for Kindergarten.

Separation can be stressful for both the parent and the child, especially in the early days. Please help us to make this time less stressful by adhering to the following guidelines:

- Please do not attempt to sneak out without saying goodbye to your child.
- Give your child a good-bye kiss and explain that it is time for you to leave and you will return later.
- As difficult as it may be, make your good-bye short and sweet, even if your child is crying. The longer the goodbye, the longer the child will cry.
- Do not linger around after you have said goodbye, this can confuse your child and prolong the crying.

All families must call in by 9:00 AM when child/children will be out sick or at an appointment. A doctor's excuse is required after child has been to an appointment, Staff is responsible for verifying the whereabouts of your child. Please notify the center anytime your child is going to be absent, including vacation time. We strongly encourage children to attend school on a daily basis so that they receive the optimal education. Authorized individuals who may release your child from care must be listed on your child's enrollment form and emergency card and must be 18 years or older. In emergency if a parent is not able to pick up a child and the person picking up child is not on the information card we require written consent from the parent. If staff is unable to verify release or has any question concerning release, your child will not be released. Divorced parents are required to provide legal documentation regarding release and custody arrangements.

Photo identification is required before your child is released unless a staff person can visually identify the individual. Please remember these policies are strictly enforced to protect the well-being of your loved one!

*CCS parents may inform the center of any elements related to enrollment that may require assistance.

Enrollment

Children between the ages of 6 weeks and twelve years of age are eligible for enrollment at the YWCA Child Development Center. All children must have a completed enrollment packet before they are allowed to start the program. Your enrollment packet will be kept at the YWCA Learning Center while your child is enrolled in our program. You must inform the center of any changes to your child's file such as phone number, emergency contacts etc. Each class has a copy of emergency cards for the children enrolled and parents may add or change any contact information for their child. The director will inform all parents in writing of any changes to the policies and procedures.

Vacation

Regular tuition families will receive two full weeks of vacation. One week can be used whenever the parent chooses, and the second week of vacation will be used for the Christmas break when the center is closed. Children may not attend the center when vacation is being used. Vacation must be used in week intervals and may not be broken up in daily intervals. Vacation accumulated through the year may not be carried over to the next year. Families on assistance do not qualify for vacation credit.

Immunization and Physical Examination Requirements

Every child must have a physical and be immunized against vaccine preventable diseases caused by infectious agents in accordance with the Texas Department of Health Immunization Schedule. A current copy of your child's physical and shot record will be required **prior** to entry or attendance in childcare with the exception of school age children. You must also provide a copy to the center with any and all vaccinations administered after enrollment. If your child is enrolled in a public or private school, you will be requested to provide the name, address and telephone number of the school that has their physical and shot record on file.

Tuberculin Testing Requirements

Tuberculin testing is not required in Bexar County at this time. However, if and when there is a change you will be notified.

Hearing and Vision Screening Requirements

Children who are four years of age or older must be screened for possible vision and hearing problems within 120 calendar days of enrollment or have documentation that shows evidence of screening conducted one year prior to enrollment. If your child attends school away from the center, you will be requested to provide the name, address and telephone number of the school that has their screening on file.

Illness, Exclusion, Medical Emergencies

Safety rules are enforced to prevent accidents. If an accident occurs, staff will administer First Aid and complete an accident report for the parent to sign. Any injury above the shoulders will be reported to you immediately regardless of the severity. In case of a non-emergency, you will be notified of an accident when your child is picked up. In case of an emergency, you will be contacted by phone to determine if your child should be picked up immediately, or if professional emergency care is required. If your child has a temperature of 100.4 degrees or more, we ask that you pick up your child within one hour of notification. Children sent home with fever will not be allowed to return to the center the following day. Children will only be allowed to return after they have not had fever for 24 hours without medication. If your child is suspected of having a contagious illness or is suspected of having a communicable disease, they will not be allowed to be in the center until a physician provides a written statement stating the illness is no longer contagious.

Head Lice and Nits

Children who are suspected of having head lice will be examined by the staff. Cooperation with the YWCA staff from the parent is expected when the child has lice and nits. Without parental cooperation the problem cannot be solved. If staff finds head lice or nits in the child's hair the child's parent will be called so the child can be picked up from the center. The child's hair must be treated and the lice and nits must be cleaned out of their hair before they can return. Children must be re-treated for head lice 9-10 days after the first initial treatment. Children will be rechecked regularly by the center staff to ensure that the child's hair does not have lice or nits. If the child continues to have head lice and nits following the second treatment, the child may be removed from the center. Removal determination and readmission to the center will be decided on a case by case basis. Each case is different, but the cooperation of the parents is key in the YWCA decision making process.

Medication

All medication brought to the center must be given to the teacher. Medication must be prescribed by a physician. All medication must be in its original container and have your child's name on the label. Over the counter medication will only be administered if accompanied with written permission by a physician. Medication will only be administered once a day or as directed on label. Parents must complete an authorization for dispensing medication form in order for the center to administer any medication. The Authorization for dispensing medication form must have the parent's full original signature each day medication is to be administered. Teachers will meet with parents on a daily basis to make sure that all the information that is on the medication is still current and accurate.

Discipline and Guidance

Parents are requested to support positive guidance and behavioral expectations by reinforcing the following general rules:

Children are to:

- Follow directions and remain with staff at all times.
- Keep hands, feet and objects to themselves.
- Walk when indoors.
- Respect staff and peers.

Use appropriate language at all times.

Teachers will work closely with parents to discuss and support children that are demonstrating challenging behaviors. Your full support will be requested to address any prolonged negative behavior that could interfere with the safety of your own child or others.

Challenging behavior that continues could result in the following consequences:

1. Parent teacher conference to re-evaluate child progress
2. Director conference
3. A phone call to pick up your child within the hour.
4. Suspension or termination from the program.

A few very serious incidences could cause immediate dismissal from the program including but not limited to running out of the center, bringing a weapon into the center or inappropriate parental interaction.

Meal and Food Service Practices

The YWCA provides two nutritious meals and one afternoon snack on a daily basis. Meals that are prepared follow the guidelines set forth by the Child and Adult Care Food Program. The daily menu is posted in each classroom for parents to view. Your child may have outside food (with adequate nutritional value preferred) brought into the center if there is a written medical reason such as a special diet or allergy. If you choose to provide meals for your child the center will provide the milk, fruit, and vegetables to accompany the meals. If meals are brought in they will be placed in the kitchen for proper refrigeration and reheating. Staff are educated on food allergies and will take precautions to ensure the safety of the children. All food and liquids that are hotter than 110 degrees F or more are kept out of reach of children.

The center practices family style dining. A staff member will be seated at the table to assist your child in serving his/her self and practicing good table manners. Meal times may vary due to special events or circumstances. Any items brought into the center for special occasions must be commercially prepared or prepared in a kitchen that is inspected by a local health official. Staff does not reward good behavior or clean plate with foods of any kind.

Meals are available during the following times:

Breakfast: 8:00 AM – 9:00 AM

Lunch: 11:15 AM – 12:15 PM

Snack: 2:00 PM – 2:45 PM & 3:30 PM – 4:30 PM (For ASPU)

* School aged children will be served a healthy snack as they arrive to the center.

* Prepared food brought into the center to be shared among children must be commercially prepared or prepared in a kitchen that is inspected by local health officials.

* Allergy information and nutrition education resources are included.

* Children that are enrolled in the Early Head Start program are not allowed any outside foods or treats due to policies set for by the City of San Antonio. If parents choose to bring in treats due to a special occasion they must be commercially prepared and they will only be distributed to the children once they are signed out of the program by a parent or guardian.

Breastfeeding

Human milk is the best source of milk for infants. Additionally, breastfeeding supports optimal health and development. The YWCA Learning Center has an open door policy for mothers who choose to breastfeed their infants. Comfortable seating will be provided for those mothers who choose to come in and breastfeed. Parents also have the right to bring in breast milk for their infant to be fed while in our care. Upon request, breastfeeding education and support resources can be provided.

Supplies and Personal Belongings

Special supplies not supplied by the center are the responsibility of the parents. Your classroom teacher will provide a list of specific items you are responsible for bringing. The YWCA is not responsible for personal property brought to the center that is lost or damaged. This includes but is not limited to items such as toys, tapes, clothing, jewelry, books, car seats, or eyeglasses.

Attire

During your child's day at school he or she will be experiencing a variety of activities. In some of these activities he or she may get dirty, which is why we ask that your child not come to school in his or her best attire.

Flip flops and opened toe sandals are considered to be a hazard to the safety of your child. Children tend to trip, fall, stub toes and have a difficult time walking and running when wearing these types of shoes. We ask that you **do not send** your child to school in these shoes. If your child does come to school in these shoes you will be called to either pick up your child or bring in a pair of appropriate shoes within one hour.

Please make sure all jackets, coats, swimsuits, towels etc. are all clearly marked with your child's name in order to avoid any confusion of ownership.

Transportation

Transportation is provided for children enrolled in the YWCA After School program and during summer and vacation camps. Children being picked up at school are expected to come directly to the designated meeting place when school dismisses or they may miss their transportation to the center. Parents will need to make alternative arrangements on days children attend extracurricular activities at their school and are unable to meet the bus at the designated time. Please contact the center when your child is absent from school or you will not need for the YWCA to transport your child. Parents are expected to communicate with the public and private schools about any arrangements or issues concerning the transportation of their child.

Booster seats are required by law and all children four feet nine inches in height and shorter must use a booster seat. These seats must be provided by the parents or guardian before child(ren) can be transported to and from school or field trips.

Physical Activity and Technology

Children are taken out for gross motor activities twice a day. If weather does not permit outside time the children will be taken to the gym. Activities using TV, computer or videos games may be used as supplements, but will not exceed more than two hours per day.

Water Activities

At times the YWCA does plan water activities or swimming in an indoor pool. Written permission is required in order for your child to participate in these planned activities. The YWCA follows all safety procedures for water activities, required by the Texas Department of Protective and Regulatory Services.

Inclement Weather

It is important to take certain precautions during outdoor weather conditions that may affect children's health. The outdoor weather conditions include the air quality "hot" days and "cold" days.

"Hot days" conditions

"Hot days" are set at 88°F and above to include heat index. The temperatures of 88°F or above, including the heat index, can result in fatigue due to prolonged exposure and physical activity.

"Hot Day" Recommendations

On days that are designated "hot days" the following precautions will be taken to ensure the children's safety.

1. Children will be allowed to drink plenty of water during and after outdoor physical education activity.
2. Vigorous outdoor activity will be limited to 10-15 minutes in the morning
3. During "hot days" all children will remain indoors during the afternoon hours
4. Direct exposure to the sun will be limited
5. Children will not sit on the asphalt or in the direct sunlight

"Cold days" Conditions

"Cold days" are designated at 39° or below to include the wind chill.

"Cold day" Recommendations

On days that are designated "cold days" the following precautions will be taken to ensure the children's safety.

1. When outdoors children should be dressed accordingly
2. Indoor activity will take place during inclement weather
3. No outdoor exposure in extremely cold temperatures
4. No exposure to wind, if possible

Air Quality Alert recommendations

For children with acute or chronic health conditions the center will follow the health care provider's recommendations for physical activity on Air Quality Action day, if available. If health care provider's recommendation is not available, children will avoid exposure by minimizing exertion outdoors during the mid-day to early evening hours.

Field Trips

The YWCA incorporates field trips into the curriculum to provide the children with community awareness. When a field trip is planned, a sign will be posted at least 48 hours in advance. All children going on the field trip will need signed permission by the parent. Children that do not

participate will be offered regular activities at the center. On occasion a small fee may be charged for a field trip.

Communication

Taking care of your loved one is a privilege for the center. Your feedback and suggestions are welcome and prove to be invaluable in producing a quality service. In order to facilitate better communications between teachers and parents it is best that parents not be distracted by use of electronic devices while in the center. Parent teacher conferences are available throughout the year. Parent teacher conferences will provide information on child development and developmental milestones. If you have any questions or concerns there is always a director or designee available to talk with you. If you would like to request a conference with the center director or with your child's teacher please schedule it in advance by contacting us at (210) 433-9922.

Parent Participation

Parents play a vital role in children's development. Involvement in your child's care and activities will maximize the educational experience they receive. Several ways to participate and help toward your child's success include volunteering in the classrooms or on field trips, donating supplies to the center, sharing special talents as a guest speaker, and supporting our fundraisers.

Visitation

Our center has an open door policy for visitation during the childcare center's hours of operation. Prior approval is not required; however, for the safety of the children we do require identification. A staff member will accompany visitors not listed on an enrollment form. Parents that are enrolling children in the center may have an extended visit in the classroom so that the children and parent become familiar and comfortable with the class. Please check in at the front reception desk if you wish to visit a classroom. Parents are requested not to visit during naptime (12:00 PM - 2:00 PM) so the children are not disturbed. Parents will receive written notice, thirty days in advance, of any policy changes that may affect service at the center.

Security Cameras

The YWCA Child Development Center has security cameras in each classroom and around the perimeter of the facility. The cameras are to ensure the safety of our staff and children that are enrolled in the center. Only authorized YWCA administrative staff will have access to the video. If parents or guardians have questions regarding any incidents while their child is in care, they can speak to the Director of Child Development and the director can review the incident for further investigation.

Complaint Procedure

A formal complaint requires the completion of an Incident/ Complaint Form. A copy of the form must be sent in to the Director of Child Development for review. The Director will then review the Incident/Complaint form. The Director will have a max of 1 week to set up a meeting and resolve the Incident/Complaint at which time an investigation will begin. The person investigating will speak to witnesses and gather statements. After reviewing all statements it will be concluded what action, if any will be taken. If parent/guardian is still unsatisfied they will

then need to contact CEO Judi Bishop with their complaint (210-228-9922 ext. 233 or email to judibishop@yahoo.com). The YWCA will then inform all parties involved the findings and actions, if any will be taken.

Child Abuse

All staff is required to have a one hour training annually on child abuse and neglect. The earlier child abuse is caught, the better the chance of recovery and appropriate treatment for the child. Child abuse is not always obvious. By learning some of the common warning signs of child abuse and neglect, you can catch the problem as early as possible and get both the child and the abuser the help that they need.

Of course, just because you see a warning sign doesn't automatically mean a child is being abused. It's important to dig deeper, looking for a pattern of abusive behavior and warning signs, if you notice something off.

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, 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.

A parent who may be the victim of abuse or neglect may contact community organizations and speak to someone regarding individual concerns and rights and to obtain assistance and strategies and interventions.

The following numbers are provided for your reference:

SAPD Non-emergency..... (210) 207-7273
Battered Women's Shelter..... (210) 733-8810
National Domestic Violence Hotline.....1-800-799-7233

Texas Department of Protective and Regulatory Services

The YWCA Child Development Center is a state licensed facility. We follow regulations set forth in the minimum standards of Texas Childcare Centers. A copy of the standards is maintained at the center and is available for your review. The most recent state inspections and reports are posted for the public, by the director's office.

The following numbers are provided for your reference:

Licensing (210) 337-3399
PRS Child Abuse Hotline.....1-800-252-5400
PRS Website.....www.tdfps.state.tx.us
U.S. Consumer Product
Safety Commission (CPSC)
Internet Website.....<http://cpsc.gov/>

Gang Free Zone

As a result of House Bill 2086 that passed during the 81st Legislature, Regular Session, Chapter 42 of the Human Resource Code 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.

Child Care Licensing/jr
DFPS 8/31/2009

Basic Emergency Plan

YWCA Olga Madrid Center
503 Castroville Road.
San Antonio, TX. 78237
210-433-9922

Preface

This emergency plan describes the procedures that will be used by the YWCA Olga Madrid Center to provide for the care and the well-being of the children under our care and our staff. This plan is meant to address extraordinary circumstances that threaten life and property. The procedures outlined in this plan constitute those temporary measures that will be taken to provide the best available protection that are followed on a day-to-day basis. The intent is not to introduce new ways of doing things during high-stress situations.

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Supporting Information

1. Notification Phone List

- Each teacher in the YWCA Olga Madrid Child Development Center is responsible for bringing the phone contact list for the children in his/her classroom to the meeting area that outside the YWCA Olga Madrid Center.
- The YWCA Director of Child Development Director or Supervisor makes the necessary calls to the local organizations such as the SAFD or SAPD, etc.

2. Facility Layout and Assembly Area

- The facility layout is attached. Each Madrid Child Development Center classroom has to exits that can be used to evacuate children. Staff are to evacuate to their designated areas. The relocation site for extreme situations, in which children and staff must meet at a facility distant from the Madrid facility, is The Lady of Good Council Church on Castroville Rd.

3. Communication with Parents/Guardians

- The YWCA Director of Child Development Director or designee is responsible for the communication with the parents/guardians of the children served at the Madrid Child Development Center, if relocation or pick-up is necessary.

4. Emergency Kits and Supplies

- Each teacher in the YWCA Olga Madrid Child Development Center is responsible for bringing the assigned First Aid Kit and supplies to their designated areas outside the YWCA Madrid Center.

Basic Emergency Plan

1. Purpose

To provide for the protection of children and staff in the event of a natural technological or human imposed emergency or disaster. The Basic Emergency Plan is designed to ensure the safety of children and staff during a fire, severe weather, lock down or other emergency requiring evacuation or relocation of the children and staff. It should be routinely practiced at different times of the hours of operation.

2. Situation and Assumptions

The YWCA Olga Madrid Center is located at 503 Castroville Road, San Antonio, TX. 78237 normally has 35-50 students and 10 staff. Normal operating hours for the facility are 7:00 am to 6:00 pm Monday through Friday. The Child Development Center is closed on weekends.

The facility may be subject to the following:

- *Natural Disasters (e.g. flood, tornado, etc.)
- *Fire or gas leak
- *Security Emergencies or Disasters (domestic violence, intruder)

3. Concept of Operations

The Director of Child Development Center will assume responsibility for emergency actions until the arrival of the children's parents/guardians and or emergency service personnel. The Director of Child Development Center will gather and record information necessary to determine appropriate emergency actions concerning the children and staff at the Madrid Center. In an emergency situation, each Madrid Child Development Center teacher is responsible for checking the children in his/her classroom. The Director of Child Development Center is responsible for checking the classrooms. Each director will be designated an area that they are responsible for checking to make sure that all staff and children have safely evacuated the building. In an emergency, staff and resources will be focused on providing for the safety and well-being of the children.

* In the absence of the Director of Child Development Director, the following person(s) will take charge:

Primary: Annabel De La Rosa

Secondary: Vanessa Jimenez/Lupita Perez

Regular monthly drills on emergency plans, procedures and duties will be conducted to:

- *Provide training for staff, including substitutes
- *Orient children on emergency procedures and responsibilities
- *Develop skills needed for a real emergency

Accountability

*Children will be released to parents/guardian or parent/guardian designated adult.

4. Organization and Responsibilities

Director of Child Development

*Determine a course of action to be taken during an emergency

*Maintain this plan in a current and usable state

*Keep the staff aware of the status of an emergency

Child Development Center Staff will:

*Notify parents to tune to local media for information during the emergency

*Ensure that parents are aware of what is happening to their children

Parents are requested to:

*Maintain correct and active phone numbers

*Be familiar with plans and procedures for ensuring safety of the children

*Tune to designated local media for information and instructions during an emergency

5. Procedures:

*Lockdown: Director or designee will announce “lockdown”. Teachers should follow the following procedures.

1. Lock all classroom doors
2. For classrooms in areas that cannot be secured, children should be moved to the nearest room that can be locked and secured by staff.
3. Secure and cover classroom windows
4. Move the children to the farthest corner of the classroom, away from windows
5. Teachers should take attendance of the students in each classroom
6. If there is an intruder in the building, classrooms that are outside should not enter the building.

*Fire Drills: In the case of a fire staff and students must exit the building using their nearest exit. It is the responsibility of the Director or the designee to ensure that all classrooms have been cleared and that all the children are accounted for. It is the responsibility of the teachers to take their first aid kits, sign in sheets and emergency cards for all the children they are responsible for.

*Server Weather: In the case of server weather the classrooms will move into our interior shelters. The interior shelter are rooms 5, 6, the employee restroom and the Women’s locker room. These areas do not have windows and are the closest and safest areas for interior shelter. Room 1 and 2 will move all their children into classroom 6. Rooms 3 and 4 will move into classroom 5. Room 7 will move the children to the employee restroom. Any students that are in the gym will move into the Women’s locker room.

Discipline and Guidance Policy for _____

Name of Operation

- ◆ 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



Dear Parent/Guardian:

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

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: YWCA San Antonio Olga Madrid Learning Center, 503 Castroville Road, San Antonio, TX 78237, (210) 433-9922.**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to Elva Sandoval, either in person or by telephone at (210) 433-9922. You may ask for a hearing by calling or writing to: YWCA San Antonio, Attn: CACFP 314 N. Hackberry Suite 101 San Antonio, TX 78202 (210) 228-9922.

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

If you have other questions or need help, call (210) 433-9922.

Sincerely,

Franzcesca A. Guidry-Jackson
Olga Madrid Learning Center Director

Parent/ Guardian Initials

**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.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren): _____

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

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

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

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

A. Name (List only household members with income) (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 ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Part 7. Sharing Information With Other Programs: OPTIONAL

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

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

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

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

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

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

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

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

Privacy Act Statement:

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

Non-discrimination Statement:

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

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

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

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Hearing and Vision Screening Test
Acknowledgment

My child, _____ has had a hearing and vision screening test conducted within the past twelve months. The hearing and vision screening test is on file at _____

Elementary School, located at _____. The school phone number is _____.

Parent Signature

Date



STANDARD MEDIA RELEASE

I hereby consent to the use of photographs/film/video or audio tape recordings of my likeness/voice in connection with the production and distribution of the photograph/film/video or audio tape presentation named below. I agree that my name, likeness, voice, and biographical material about me may be used in connection with publicity about the production(s) named below. I release the YWCA and its assigns from any further claims or demands arising from the use of materials you may record in which I may appear and be heard.

_____ YWCA	×	_____
YWCA General Productions		Participant's Signature

_____	_____
Participant's Name (Printed)	Date Signed

Participant's Address

(TO BE COMPLETED IF THE PARTICIPANT NAMED ABOVE IS A MINOR):

I represent that I am a parent (guardian) of the minor who has signed the above release and hereby agree that we shall both be bound thereby.

_____	×	_____
Parent (Guardian) Name Printed		Parent (Guardian) Signature

_____	_____
Address	Date Signed

YWCA Corporate Offices, 6756 Montgomery Drive, San Antonio, TX 78239
Telephone: 210/228-9922 and Fax: 210/228-9949



CONSENTIMIENTO DE GRABACION

Por este medio doy permiso del uso de fotografías/película/grabaciones de video o audio de mi semejanza/voz en conexión con la producción y la distribución de fotografías/película/grabaciones de vídeo de la persona ya nombrada. Estoy de acuerdo de que mi nombre, mi persona, voz, o material biográfico se puede utilizar con respecto a publicidad sobre las producciones nombradas abajo. Libero al YWCA y sus asignados de cualquier reclamo o demanda que se presente sobre el uso de materiales que se grabe en el cuál pueda aparecer o ser escuchado.

YWCA
Producciones Generales del YWCA

Firma del Participante

Nombre escrito del Participante

Fecha

Residencia del Participante

(DEBE SER LLENADO POR EL PADRE/GUARDIAN SI EL PARTICIPANT ES UN MENOR DE EDAD):

Yo afirmo que soy el padre/madre/guardián del menor que ha firmado este documento y estoy de acuerdo que ambos somos responsables por lo antedicho.

Nombre escrito del Pariente/ Guardián

Firma del Pariente /Guardián

Residencia del Participante

Fecha

YWCA Corporate Offices, 6756 Montgomery Drive, San Antonio, TX 78239
Telephone: 210/228-9922 and Fax: 210/228-9949