



Enrollment

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



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	
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:

☐ Discipline and guidance ☐ Procedures for release of children
☐ Suspension and expulsion ☐ Illness and exclusion criteria
☐ Emergency plans ☐ Procedures for dispensing medications
☐ Procedures for conducting health checks ☐ Immunization requirements for children
☐ Safe sleep ☐ Meals and food service practices
☐ Procedures for parents to discuss concerns with the director ☐ Procedures to visit the center without securing prior approval
☐ Procedures for parents to participate in operation activities ☐ 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

Name: _____ D.O.B.: _____

Allergy to: _____

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

**PLACE
PICTURE
HERE**

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

Extremely reactive to the following allergens: _____

THEREFORE:

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

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

FOR **ANY** OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Short of breath,
wheezing,
repetitive cough



HEART

Pale, blue,
faint, weak
pulse, dizzy



THROAT

Tight, hoarse,
trouble
breathing/
swallowing



MOUTH

Significant
swelling of the
tongue and/or lips



SKIN

Many hives over
body, widespread
redness



GUT

Repetitive
vomiting, severe
diarrhea



OTHER

Feeling
something bad is
about to happen,
anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



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

MILD SYMPTOMS



NOSE

Itchy/runny
nose,
sneezing



MOUTH

Itchy mouth



SKIN

A few hives,
mild itch



GUT

Mild nausea/
discomfort

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

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

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

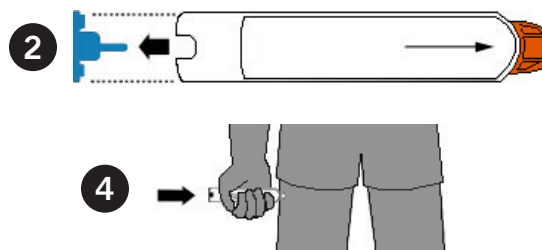
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

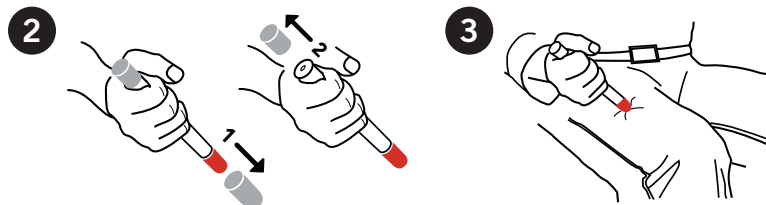
EPIPEN® AUTO-INJECTOR DIRECTIONS

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.



ADRENALINE® (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: _____



Immunization Notice

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



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 # _____

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



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: _____



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.

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.

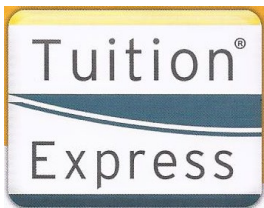
Going forward Tree House Academy will take three forms of payment:

- Option #1** – Stored bank account information to be processed on Monday mornings for weekly payments and on the first of the month for monthly payments.
- Option #2** – Point of Sale by credit/debit card taken at the front desk
- Option #3** – Check or money order

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

Sincerely,

Tree House Academy Managment



Automated Payment Processing

Safe – Convenient – Easy

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 bank account. 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 bank account information to be processed on Monday mornings for weekly and on the first of the month for monthly payments.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNTS

I (we) hereby authorize **Tree House Academy** to initiate debit entries to my (our) Checking or Savings Account to the below-referenced account information. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for the automatic payments.

COMPLETE SECTION:

Your Name Phone #

Address City State Zip

Bank or Credit Union Name

Bank or Credit Union Address City State Zip

Routing Transit Number (see sample below) Account Number (see sample below)

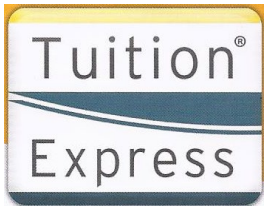
Authorization Signature Date

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



Date Entered in ProCare:

Employee Signature:



Automated Payment Processing

Safe – Convenient – Easy

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:

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

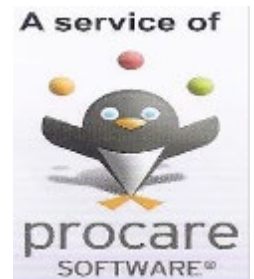
Email Address

Cardholder Signature Date

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

Parent Name: Date:

Parent Signature



For Official Use Only

Date Received: _____

Employee Signature: _____

Entered in ProCare: _____



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 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 **TREE HOUSE ACADEMY** located at **8001 Matlock, Arlington, TX**, 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: _____



FP Assistance

Feeding the Future

Enrollment Form

Center Name: _____ Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

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

Mon Tue Wed Thu Fri Sat Sun

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

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Parent Signature

Date of Signature

Day Time Phone Number

1) _____ _____ (____) ____-____

2) _____ _____ (____) ____-____

3) _____ _____ (____) ____-____

4) _____ _____ (____) ____-____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

**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
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

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

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

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

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

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

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

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

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

Privacy Act Statement:

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

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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

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

Part 1: List all enrolled children and household members.

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

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
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

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

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

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

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

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

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

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

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

Privacy Act Statement:

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

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
(2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Operational Policy on Infant Safe Sleep

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

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

Safe Sleep Policy

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

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

Privacy Statement

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

Signatures

This policy is effective on: _____ Child's name: _____

Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Signature — Parent

Date Signed



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 Repellent

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 repellent labeled with my child's name, and only the insect repellent provided by me will be applied to my child.

Parent/Legal Guardian Signature

Date

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 addresses 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 48 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

Tree House Academy follows the Texas Family and Protective Services policy regarding “Screen Time”. 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



Texas Rising Star

I have received, read and understand the information contained in the Texas Rising Star Orientation and what it means to be a Texas Rising Star Childcare Provider.

Parent Signature

Date



About Texas Rising Star

The Texas Rising Star program is “a voluntary, quality-based child care rating system of child care providers participating in the Texas Workforce Commission’s subsidized child care program.” TRS Certification is available to Licensed Center and Licensed and Registered Child Care Home providers who meet the certification criteria. The TRS Provider certification system offers three levels of certification (Two-Star, Three-Star, and Four-Star) to encourage providers to attain progressively higher certification requirements leading to a Four-Star level.

A Texas Rising Star (TRS) provider is a child care provider that has an agreement to serve Texas Workforce Commission (TWC)-subsidized children and that voluntarily meets requirements that exceed the State’s Minimum Child Care Licensing (CCL) Standards.

Across Texas, parents and families enroll their children into child care programs, including center-based and home-based programs. Numerous research studies have shown that at-risk children who attend higher quality child care programs are more prepared for school entry than children who do not attend quality child care programs.

Those providers that voluntarily achieve TRS provider certification, offering quality care that exceeds the State’s Minimum Child Care Licensing Standards for director and staff qualifications, caregiver-child interactions, age-appropriate curricula and activities, nutrition and indoor/outdoor activities, and parent involvement and education, are in a better position to contribute to the early development of children. As providers progress through the levels of TRS provider certification, they contribute progressively more to the development of the children they serve on a daily basis.

Texas Rising Star: A QRIS for Texas

In recent years, many states have adopted quality rating and improvement systems (QRIS) to measure the quality of child care programs and provide professional development to help these programs improve the quality of care they offer to children and families. The National Child Care Information and Technical Assistance Center defines QRIS as a “systematic approach to assess, improve, and communicate the level of quality in early and school-aged care and education programs.” Thirty-nine states currently implement some type of QRIS.

In September 2013, the [Texas Early Learning Council](#) released recommendations for the state to develop a statewide, cross-sector QRIS for Texas. One of the recommendations included Texas Rising Star as the basis for a QRIS in Texas.

Quality Improvement in Texas Rising Star

A Systems Approach to Improving the Quality of Child Care

In the delivery of child care and development services, certifying providers that meet the TRS Provider Criteria, awarding quality improvement equipment and materials, and offering training for those in the early care and education field are all part of a systematic approach to addressing the quality of life for all young children in care outside their homes.

A continuum of quality child care may be described in the following manner:

- Regulatory Requirements (Minimum CCL Standards): Defines the minimum acceptable level of care.
- Self-Assessment: Enables an individual facility to evaluate its own progress in improving the quality of care.
- TRS Provider Certification: Provides measurable indicators of quality child care practices that exceed the state's [Minimum Child Care Licensing Standards](#).

The continuum of quality child care represents a systematic progression in the quality of early childhood programs. Data about a provider's performance are collected in partnership by state agencies, the child care contractors, and child care providers. Measurable data include the structural dimension that can be counted such as director and caregiver qualifications and training, group sizes, a facility's physical space (indoor and outdoor), and a program's policies for nutrition, staff orientation, and parent education. Other data, such as child-staff ratios, activities, curricula, and caregiver-child interactions, must be collected by observation in individual programs. Based on the data collected, a provider's performance may be improved by training, technical assistance, and resource linkages; and the outcome is enhanced physical, emotional, social, and intellectual development of the children in care.

Texas Rising Star provides professional development resources and mentoring to sustain and improve the quality of early childhood environments at TRS certified programs. TRS certified providers may have access to three types of assistance: technical assistance (TA) plans, Service Improvement Agreements (SIAs), and probationary assistance. Please note that non-TRS certified providers may also access technical assistance resources to help them prepare for certification. A summary of these three types can be found below.

History Of TRS

In the mid to late 1970's there were federal standards for quality child care that were implemented across the nation. By the early 1980's these standards were discontinued. A State workgroup was then formed to develop standards for child care providers. Using the earlier federal standards and research on the specific indicators of quality in the child care field, child care service control standards were developed. These standards were piloted from August 1985 through March 1986. A sampling of about 700 out of 1,200 facilities was assessed, and findings from this study formed the basis for the refinement and development of the TRS Provider Certification Criteria. These criteria were in use from June 1991 to October 2000. The TRS Provider Guidelines were revised and issued in October 2000, incorporating the recommendations of a workgroup formed in 1999. The workgroup consisted of TWC, Board staff, child care contractors, and child care providers from across the state. In 2000, the revisions mainly updated the assessment and certification procedures. TWC updated the recertification and monitoring time frames for TRS providers on October 3, 2003. Additionally, TWC approved two accreditations that were included in the June 2008 update of the TRS Provider Guidelines. Finally, TWC approved updates to the TRS Provider Guidelines in July 2012 following changes to Child Care Licensing requirements for annual training hours.

In 2013, TWC convened a workgroup dedicated to the revision of TRS. The workgroup was established by House Bill 376 (HB 376), enacted by the 83rd Texas Legislature. HB 376 created tiered reimbursements for child care providers who are certified TRS and serve subsidized children, providing higher reimbursement rates for providers who meet higher levels of distinction within TRS. The purpose of the TRS Workgroup was to recommend revisions to the TRS Program. The workgroup requested participation from various stakeholders and encouraged public comment.

Effective September 1, 2013, House Bill 376, 83rd Texas Legislature (Regular Session), amended Chapter 2308 of the Texas Government Code relating to the TRS program. As amended, Chapter 2308 required the Commission to:

- Create a TRS program review workgroup to recommend revisions to the TRS program;
- Propose rules that incorporate the TRS workgroup's recommended revisions;
- Establish graduated reimbursement rates for TRS providers;
- Require Local Workforce Development Boards (Boards) to use at least 2 percent of their annual allocations for quality child care initiatives; and
- Make funds available for Boards to hire TRS assessors and mentors to provide TRS program technical assistance to child care providers.

TRS Program Review Workgroup

As required by Texas Government Code §2308.321, the TRS workgroup was appointed by the Agency's executive director and, as required, included representatives from the following:

- Texas Workforce Commission (one representative)
- Texas Department of Family and Protective Services (DFPS) (one representative)
- Texas Education Agency (one representative)
- Texas Early Learning Council (TELC) (one representative)
- TRS program providers (four representatives)
- Texas School Ready! (TSR!) Project participant (one representative)
- Boards (one representative)
- Board staff (three representatives)

The TRS workgroup invited stakeholders from around the state of Texas to participate in workgroup discussions and provide input into the proposed TRS program revisions. Stakeholders included individuals from the following entities:

- Boards
- Board child care contractors
- Child care providers
- Children's Learning Institute
- Texas Head Start State Collaboration Office
- Texans Care for Children
- Texas Association for the Education of Young Children
- Texas Association for Infant Mental Health
- Texas Licensed Child Care Association
- Texas Partnership for Out of School Time
- Texas Department of State Health Services

Pursuant to Texas Government Code §2308.321, the TRS workgroup was required to take the following into consideration when making recommendations:

- Professional development standards for child care directors and employees, including training and annual professional development requirements;
- Education and experience requirements for assessors and mentors;
- Early learning and school readiness standards;
- Guidelines for infants and toddlers in child care;
- Training hours for providers;
- Playground standards;
- Best practices guidelines based on standards adopted by nationally recognized organizations, including Head Start Program Performance Standards, National Health and Safety Performance Standards, National Association for the Education of Young Children program standards and accreditation criteria, National Association for Family Child Care standards, US Department of Defense standards, national accreditation standards, and *Texas School Ready!* certification standards;
- Research on infant and toddler brain development; and
- Strategies for long-term financing of the TRS program, including financing the payment of:
 - Incentives to child care providers participating in the TRS program; and
 - Grants and rewards to child care providers that achieve and maintain high levels of service.

The TRS workgroup also considered the work of the Texas Early Learning Council, specifically its:

- Texas Quality Rating and Improvement System recommendations;
- Infant, Toddler, and Three-Year-Old Early Learning Guidelines; and
- Texas Core Competencies for Early Childhood Practitioners and Administrators.

The TRS workgroup addressed the following topics:

- Minimum licensing requirements for TRS providers;

- Structure and scoring of TRS program standards;
- Minimum requirements for assessing and monitoring providers on the TRS program standards, including TRS providers that move or expand locations;
- Assessments and monitoring for nationally accredited facilities and facilities regulated by the US Military;
- Process for providers to request reconsiderations of their TRS program assessment; and
- Recommendations regarding long-term financing of the TRS program.

HB 376 required that the workgroup submit recommendations proposing changes to TRS by May 1, 2014, and rules that incorporate the proposed changes by September 1, 2014. The proposed changes to TRS were approved by TWC on January 27, 2015. The TRS Child Care Certification Guidelines represent the work of the TRS workgroup as well as many early childhood stakeholders from across Texas.

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

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

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

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

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

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

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

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

Infant's Name_____ Infant's Date of Birth_____

Breast milk and/or Formula preference

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

Preference regarding infant cereal and other foods

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

Parent's (or guardian's) Signature_____ Date of Signature_____

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

July 2018



Infant Care Instructions

In order to serve your infant's needs in a more individual manner, we ask that you complete this form and return it to your child's teacher.

Child's Name: _____ Date of Birth _____

Type of Formula (be specific) _____ Warmed? _____

How many ounces per bottle _____

Feeding Schedule; _____

Type of Juice(s) _____

Type of Diet: Cereal _____ Meats _____

Vegetables _____ Fruits _____

Allergies: Food _____

Skin _____

Other _____

Skin Care: Ointment _____ Special Soap _____

Sleeping Position: On Stomach _____ On Back _____ On Side _____

Does your baby use a pacifier? YES NO

Other helpful Information (please include schedule sleeping).

Thank you for allowing us to care for your child. Please update this information as necessary.

Parent Signature

Date



Items Needed:

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)



Dear Parents,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procure Solutions' best-in-class parent app, Parent Engage!

How do I get the app?

You will receive an email from Procure with a unique 10-digit code and instructions on how to download and log into the app. Please make sure the email address the school has on file for you is the correct email you want to receive information from. If we do not have an email from you, you must provide the school with one to utilize the app.

What Can I See on the App?

Once you download the Procure mobile app, (Procure: Childcare App) you can stay up to date on your child's daily activities, milestones, and more! We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

To be able to get up to date information regarding your child throughout the day, please make sure to download the app to your mobile device. Otherwise, you will only receive a detailed daily sheet at the end of the day in your email.

We think you'll really enjoy this new way for us to stay connected!

Sincerely,

Tree House Management

Join Texas WIC

We're here for you

“Thanks to WIC,
I now have the tools
I need to make
sure my family
stays on the path to
a healthy lifestyle.”

—Roxie, WIC Client

As a WIC Client, you'll get:

- Delicious food
- One-on-one counseling with nutritionists
- Easy recipes
- Nutrition classes
- Breastfeeding support
- Health and immunization screenings
- Cooking demonstrations
- Personalized support
- Children's activities

Are you eligible?

Eight million women, infants, and children get WIC benefits. WIC is for pregnant women, new parents, infants, and children under five. If you are on Medicaid, TANF, or SNAP you already qualify.

Texas WIC Income Guidelines

Number of people in the home*	Bi-Weekly Income	Annual Income
2	\$ 0 up to \$1,204	\$ 31,284
3	\$ 1,518	\$ 39,461
4	\$ 1,833	\$ 47,638
5	\$ 2,147	\$ 55,815
6	\$ 2,462	\$ 63,992

Effective June 1, 2019

* A pregnant woman's household is increased by the number of infants she is expecting. If you have any income questions, call 1-800-942-3678.

Start now. Call 1-800-942-3678 or visit [TexasWIC.org](https://www.texaswic.org)



This institution is an equal opportunity provider.

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Complaint/Grievance Procedure

Any dispute which may arise from an employee or parent complaint with respect to the interpretation of the terms and conditions of the Agreement shall be subject to the following Grievance Procedure, unless expressly excluded from such procedure by the terms of the Agreement. All grievances shall be initiated at Step 1. Time limits set forth herein may be extended upon mutual agreement of the parties.

- **Step 1:** The employee or parent shall present the grievance to the most immediate supervisor who has the authority to make adjustments in the matter within 14 days of the alleged grievance or knowledge thereof.
- **Step 2:** If a satisfactory settlement is not reached in Step 1 within three days following its completion, the employee or parent may present the grievance to the supervisor's immediate authority. Upon the request of the 2nd authority, the grievance shall be in writing and shall state the grievant(s) name(s).
- **Step 3:** If a satisfactory settlement is not reached in Step 2 within five days of the date of submission of the written grievance to the 2nd authority, the employee or parent may serve written notice upon the employer that they desire to present the grievance to the Board of Directors or company President.
- **Step 4:** The Board of Directors or the company President shall act as an arbitrator. The decision of the arbitrator shall be final and binding upon the parties except in cases related to Civil Rights.

If the grievance is related to a civil rights issue, then Step 5 will be followed:

- **Step 5:** If a satisfactory settlement is not reached in Step 4, the Board of Directors or company President shall provide the employee or parent with written instructions on how to make a civil rights complaint to USDA. It shall read as follows:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination](#)

[Complaint Form](#), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

- The written instructions must be available in both English and Spanish.

Procedimiento para Quejas y Agravios

Cualquier argumento que pueda surgir con respecto a un empleado o padre con respecto a la interpretación de los terminos y condiciones del Acuerdo estarán sujetos al siguiente Procedimiento de Quejas, salvo que expresamente por los terminos del Acuerdo. Todos serán iniciados por los siguientes pasos. El tiempo puede ser proclamado en esta Declaración extendido por acuerdo mutuo de las dos partes.

- **Paso 1:** El empleado o padre debera presentar la queja al supervisor inmediato mas que tiene la autoridad para hacer ajustes en la material dentro de los 14 dias de la supuesta queja o conocimiento de los mismos.
- **Paso 2:** Si el Pago no es alcanzado satisfactoriamente en el Paso 1, a los tres dias de finalizado, el empleado o padre puede presentar la queja a su supervisor inmediato con autoridad, a petición de la autoridad segunda, la queja debe ser presentada por escrito con el nombre (s) de los reclameantes.
- **Paso 3:** Si el Pago no es alcanzado satisfactoriamente en el Paso 2 dentro de los 5 dias de la fecha de su presentación por escrito de la Queja con la segunda autoridad , el empleado of padre podra presentar por escrito, deseando presentar su Queja con la Junta Directiva, Compañia of Presidente.
- **Paso 4:** La Junta Directiva de Directores, la Compania o Presidente debera actuar como el intermediario. La decisión del intermediario debera ser finalizada con ambas partes, excepto en caso relacionado con sus Derechos Civiles.

Si la Queja of Agravio esta relacionado con el tema de Derechos Civiles, el siguiente Paso 5 a seguir:

- **Paso5:** Si el pago no es alcanzado satisfactoriamente en el Paso 4, la Junta Directiva, Compania o Presidente debera proveer al empleado o padre intruscciones por escrito de como poner una queja al departamento USDA, que deberia de leer lo siguiente:

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés “USDA”) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov. Las personas sordas, con dificultades auditivas o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

Para obtener más información acerca de cuestiones del programa SNAP, las personas deben contactar al número de línea directa del USDA SNAP al (800) 221-5689, que también está en español, o llamar a State Information/Hotline Numbers (dé clic en el enlace para obtener un listado de números de línea directa por estado); lo puede encontrar en internet en http://www.fns.usda.gov/snap/contact_info/hotlines.htm

- Las instrucciones por rescrito deberan estar disponibles en Ingles y Español.



Building for the Future

This child care receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's Child and Adult Care Food Program

Questions? Concerns?

Call USDA at
1-866-873-2263

OR

Food and Nutrition at
1-800-TELL-TDA
(835-5832)

Your child care at

Fraud Hotline: 1-866-5-FRAUD or 1-866-537-2834
P.O. Box 12847 Austin TX 78711
www.SquareMeals.org
USDA is an equal opportunity provider and employer.



Food and Nutrition Division | Child and Adult Care Food Program



TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

This product was funded by USDA. This institution is an equal opportunity provider.



Updated 12/2018



Construyendo Para El Futuro

Este guardería infantil recibe asistencia monetaria del gobierno federal para server comidas nutritivas a sus niños. ¡Buena nutrición hoy significa un mañana más saludable!

Comidas servidas aquí deben de seguir los requisitos nutricionales establecidos por el programa "Child and Adult Care Food Program" del Departamento de Agricultura de los Estados Unidos (USDA por sus siglas en inglés).

¿Preguntas? ¿Inquietudes?

Llame gratuitamente a USDA al
1-866-873-2263

Alimentación y Nutrición al
1-800-TELL-TDA
(835-5832)

OR

Centro de cuidado de niños de su hijo al

Línea para reportar un fraude: 1-866-5-FRAUD or 1-866-537-2834
P.O. Box 12847 Austin TX 78711
www.SquareMeals.org

USDA es un proveedor y empleador que ofrece oportunidad igual para todos.



TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

Food and Nutrition Division | Child and Adult Care Food Program Este producto fue financiado por el USDA. Esta institución proporciona igualdad de oportunidades.



Actualizado 12/2018



Dear _____

Date _____

Child's Name _____

Return By: _____

Upon looking through your child's file, we have found that we are ***missing the following information***. Please bring this information to the front office as soon as possible so we may complete/update your child's file. State licensing mandates that this information be current in your child's folder.

We must have this information as we are coming up on our annual state inspection.

___ Photo of your child

___ Webcasting Form

___ Admission Form Pg. 1

___ Food Program Enrollment Form

___ Admission Form Pg. 2

___ Income Eligibility Form

___ Allergy Action Plan

___ Permission to Apply Sunscreen Form

___ Copy of Shot Records

___ Permission to Apply Insect Repellent

___ Parent Handbook Form

___ Pick up Policy Form

___ Discipline & Guidance Policy

___ Illness Policy

___ Safe Sleep Policy

___ Nut Free Facility Form

___ Email Form

___ Screen Time Policy

___ Tuition Rate Form

___ TRS Statement

___ Media Release Form

___ Tuition Express Form

Thank you so much for your quick attention to this matter.

Tree House Academy Management



Child File Checklist

Child's Name: _____ Start Date: _____

State File:

- ☐ Two (2) photos of your child (these need to be recent and clearly show the face)
- ☐ Admission Form pg. 1 (Emergency Facility)
- ☐ Admission Form pg. 2
- ☐ Allergy Action Plan
- ☐ Copy of Shot Records
- ☐ Parent Handbook Form
- ☐ Discipline & Guidance Policy
- ☐ Safe Sleep Policy

Tree House File:

- ☐ Email Form
- ☐ Tuition Rate Form
- ☐ Tuition Express
- ☐ Media Release Form
- ☐ Webcasting Form
- ☐ Food Program Enrollment
- ☐ Income Eligibility
- ☐ Permission to Apply Sunscreen Form
- ☐ Permission to Apply Insect Repellent
- ☐ Pick-up Policy Form
- ☐ Illness Policy Form
- ☐ Nut Free Facility Form
- ☐ Screen Time Policy
- ☐ TRS Statement

- ☐ Emergency Preparedness Plan
- ☐ Add to Parent Email List
- ☐ Van Binders-School Age Only

Director: _____

Completed Date: _____