

## Admission Information

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form 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.

**Section 1 – General Information**

Operation's Name	Director's Name
------------------	-----------------

Child's Full Name	Child's Date of Birth
-------------------	-----------------------

Child Lives With:  Both parents  Mom  Dad  Guardian

Child's Home Street Address, City, State and ZIP Code

Date of Admission	Date of Withdrawal
-------------------	--------------------

Name of Parent or Guardian 1

Address of Parent or Guardian 1, if different from the child's

Name of Parent or Guardian 2

Address of Parent or Guardian 2, if different from the child's

**List phone numbers below where parents or guardian may be reached while child is in care.**

Parent 1 Area Code and Phone No.	Parent 2 Area Code and Phone No.	Guardian's Area Code and Phone No.
----------------------------------	----------------------------------	------------------------------------

Custody documents on file?  Yes  No

**In case of an emergency, when the parent or guardian cannot be reached, call:**

Name of Emergency Contact	Relationship	Area Code and Phone No.
---------------------------	--------------	-------------------------

Street Address, City, State and ZIP Code

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 phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Area Code and Phone No.
------	-------------------------

Name	Area Code and Phone No.
------	-------------------------

Name	Area Code and Phone No.
------	-------------------------

### Section 2 – Consent Information

#### 1. Transportation

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

- For emergency care     
  On field trips     
  To and from home     
  To and from school

#### 2. Field Trips

- I give consent for my child to participate in field trips.  
 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. Check all that apply.

- Water table play     
  Sprinkler play     
  Wading pools     
  Swimming pools     
  Aquatic playgrounds

1. Is your child a competent swimmer?  Yes  No    If no, your child is required to wear a life jacket while in or near a swimming pool.

2. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?  Yes  No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

**Note:** A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

#### 4. Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance   | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Procedures for parents to participate in activities   | <input type="checkbox"/> Procedures for supporting inclusive services   |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website |

#### 5. Meals

I understand the following meals will be served to my child while in care. Check all that apply.

- 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 Week	A.M.	P.M.	Day of Week	A.M.	P.M.
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday					

**7. Receipt of Parent's Rights**

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date Signed

**8. Child's Special Care Needs**

Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Environmental allergies                             | <input type="checkbox"/> Limitations or restrictions on child's activities   |
| <input type="checkbox"/> Food intolerances                                   | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness                                    | <input type="checkbox"/> Adaptive equipment, include instructions below      |
| <input type="checkbox"/> Previous serious illness                            | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____  |  |

Explain any needs selected above.

Does your child have diagnosed food allergies?  Yes  No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). 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).

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date Signed

**9. School-Age Children**

My child attends the following school

School Area Code and Phone No.

My child has permission to:  walk to or from school or home  ride a bus  be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address.

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

**Section 3 – Authorization For Emergency Medical Attention**

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

Name of Physician	Area Code and Phone No.
-------------------	-------------------------

Street Address, City, State and ZIP Code

Name of Emergency Care Facility	Area Code and Phone No.
---------------------------------	-------------------------

Street Address, City, State and ZIP Code

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

Parent or Legal Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Section 4 – Requirements for Exclusion from Compliance**

- 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 Health and Safety Code Section 161.0041 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.

**Section 5 – Vision Exam Results**

Right Eye 20/      Left Eye 20/       Pass    Fail

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Section 6 – 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 \_\_\_\_\_

### Section 7 – 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.

- Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date Signed

### Section 8 – Vaccine Information

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

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

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
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 six to 18 months after the first dose.	

### Section 9 – Physician or Public Health Personnel Verification

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

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Section 10 – Varicella for Chickenpox

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

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Section 11 – Additional Information About Immunizations

For more information about immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### Section 12 – 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.

### Section 13 – Privacy Statement

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

### Section 14 – Signatures

Child's Parent or Legal Guardian Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Center Designee Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Child's Name \_\_\_\_\_

Have you ever been in daycare before? Yes/No

What type in home, center, family, or friends?

Was it a positive experience?

Why are you looking for childcare?

How does your child feel about daycare or being separated from parents?

Are there any recent traumatic situations your child has been exposed to such as a death in the family, divorce, a new sibling, Etc?

What is your normal method of discipline?

What is your child's temperament like? Are they easy going, hard to please, demanding, aggressive, Etc?

What is your child's favorite food?

What food does your child dislike?

Can your child be relied upon to indicate bathroom needs?

What word does your child use for bowel movement and urination?

What time does your child awaken?

What time does your child go to sleep at night?

Do they sleep through the night?

Does your child sleep in a crib, bed or co sleep with parents?

Are there any siblings?

Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Has your child experienced playing with other children?

What languages are spoken at home?

Does your child have any security objects such as a blanket, pacifier, toy, other?

What are your child's favorite activities toys, books or games?

Are there any other comments or information you would like to share with us about your child?

## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

### Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

## Operational Discipline and Guidance Policy

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

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

### Section 1 – Discipline and Guidance Policy

**Discipline must be:**

- 1) individualized and consistent for each child;
- 2) appropriate to the child’s level of understanding; and
- 3) directed toward teaching the child acceptable behavior and self-control.

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

- 1) using praise and encouragement of good behavior instead of focusing only on 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) grabbing or pulling a child;
- 4) putting anything in or on a child’s mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

### Section 2 – Additional Discipline and Guidance Measures

Only applies to Before or After School Program (BAP) or School Age Program (SAP) that operates under 26 TAC Chapter 744.

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

- make sure the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for more information; and
- make sure that the disciplinary measures used are not considered abuse, neglect or exploitation as specified in Texas Family Code Section 261.001.

### Section 3 – Effective Date, Signature and Role

<b>This policy is effective on the following date</b>	<b>Signed by</b>
---	------------------

**Role:**  Parent     Caregiver or Employee     Household Member, Chapter 747 only

### Section 4 – Minimum Standards Related to Discipline

- [Title 26, Chapter 744 Subchapter G](#)
- [Title 26, Chapter 746 Subchapter L](#)
- [Title 26, Chapter 747 Subchapter L](#)

# Food Allergies

We are required to have a child allergy plan in place for the children. We cannot share food that your child brings with another child. Occasionally we will have parties and your child can bring snacks to share. Please make us aware of any allergies your child may have. We do not provide snacks but do keep the following incase a child is still hungry after finishing the food provided from home.

Velveeta mac and cheese cups

Graham Crackers

Animal Crackers

Vanilla Wafers

Goldfish

Please list any food allergies your child has or write down none.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Director Signature \_\_\_\_\_

# Biting Policy

Biting is unfortunately not an unexpected behavior for toddlers. Some children and many toddlers communicate through this behavior. However, biting can be harmful to other children and to staff. This biting policy has been developed with both ideas in mind. As a daycare, we understand that biting, unfortunately, is part of a daycare setting. Our goal is to help identify what is causing the biting and resolve these issues. If the issues cannot be resolved, this policy serves to protect the children that are bitten. If a biting incident occurs, state regulations require that the parents of the child biting and the child bitten be contacted. Names of the children are not shared with either parent.

## When Biting Occurs

Our staff strongly disapproves of biting. The staff's job is to keep the children safe and help a child that bites learn different, more appropriate behavior. We do not use techniques to alarm, hurt, or frighten children such as biting back or washing a child's mouth out with soap.

For the child that was bitten

1. First aid is given to the bite. It is cleaned with soap and water. If the skin is broken, the bite is covered with a bandage.
2. Parents are notified
3. The "biting occurrence" form is filled out documenting the incident

For the child that bit

1. The teacher will firmly tell the child "No Do Not Bite"
2. The child will be removed from the situation "playtime, circletime"
3. The parents will be notified
4. The "biting occurrence" form is filled out documenting the incident

## When Biting Continues

1. The child will be shadowed to help prevent any biting incidents.
2. The child will be observed by the classroom staff to determine what is causing the child to bite (teething, communication, frustration, etc.)

3. The child will be given positive attention and approval for positive behavior.

**When biting Becomes Excessive**

1. If the child inflicts 3 bites in a one-week period in which the skin of another child or staff member is broken or the bite leaves a significant mark, a conference will be held with parents to discuss the child's behavior and how the behavior may be modified.
2. If the child again inflicts 3 bites in a one-week period in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the child will be suspended for **2 business days parents will be required to pick their child up immediately. Parents will not be reimbursed for missing 2 days of service.**
3. If a child once again inflicts 3 bites in a one-week period in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, **the parents will be asked to make other daycare arrangements immediately.**

If a child, who has been through steps 1 and/or 2, goes 3 weeks without biting, we will go back to step 1 if the child bites again.

**If a child bites twice in a 4-hour period, the child will be required to be picked up from the center for the remainder of the day. This will not count towards the 2-day suspension.**

Parent Signature \_\_\_\_\_

Director Signature \_\_\_\_\_

## Winters Child Development Center

### Lice & Nit Policy

**Education** – Lice is a parasite that lives on people's bodies. It does not transfer disease, but it is a nuisance. It is transmitted by direct contact with a person with lice or with items infected. This includes hair dryers, combs, towels, hats, bedding, car seats, fabric toys, and floors. Some children do not have any symptoms, but others may have itching due to a reaction to the saliva of the lice when they bite the skin during feeding. Itching may be delayed 4-6 weeks, so do not count that as a marker to check for lice.

**Diagnosis** – To find lice you should use a fine-tooth nit comb on wet hair. It has a 91% detection rate versus 29% for visual inspection. We will only be able to do a visual inspection at the center, but parents and employees should do a wet comb detection at home. To do a wet comb detection, you should apply hair conditioner to wet hair and comb through to remove tangles. Be sure you have good lighting. A nit comb should be inserted until it gently touches the scalp and drawn down firmly and examined for lice or nits after each stroke. The entire head should be systematically combed at least twice. Nits are small light-colored eggs attached to hair strands, Lice themselves are very small.

**Treatment** – There are several options listed

- 1.) Manual removal of lice and nits without medication. You must remove all lice nits(eggs) to be effective. A nit comb is used to find and remove lice and nits.
- 2.) Pediculicide therapy is a topical medication treatment to kill lice and nits, it includes:
  - A.) Pyrethroids – such as Rid over the counter, or Elimite by prescription. If you see a healthcare provider, prescriptions can be cover by your insurance. Some products are okay for use at 2 months of age or older, while some are approved for 2 years of age or older.
  - B.) Malathion – Ovid by prescription
  - C.) Ivermecti – Sklice by prescription
  - D.) Follow package instructions. Do not apply hair confectioner. Rinse hair over sink and not in the shower or bath to minimize skin exposure. A second treatment should be done on day 9 to kill newly hatched lice.

- E.) Malathion (the one you get over the counter) is showing resistance and not as effective in some cases. If you have had multiple cases of lice, or the OTC is not working, make an appointment with your medical provider.
- F.) Household members should be examined. Any persons in the household that share seats, couches, clothing, or bedding should be treated prophylactically.
- G.) A louse can live up to 48 hours off the human, so it is important to not only remove them from person, but also the home and car, you can put objects such as bedding, stuffed animals, pillows, jackets, back packs, head bands, blankets, etc. in the dryer for 20-40 minutes on high heat. Vacuum all objects that can not be put in the dryer such as carpets, furniture, rugs, and car seat. You should also use the over-the-counter spray such as Rid on those objects as well. Use boiled hot water to pour over personal items such as brushes, elastics, etc. Put the items in a bowl, pour boiling water over them and leave for 10 minutes. Other items can be put into plastic bags and left for 2 weeks.
- H.) Please notify family, friends, schools, and daycares of any infestation found so that appropriate action can be taken to stop the spread. Remember, even if you treat successfully, if the person is re-exposed, they will need to be retreated.

Everyone can get lice. There was once a stigma that lice were only found on the poor, dirty or diseased, but that is certainly not true. Lice are just a bug/parasite, and they are transmitted contact. Children are susceptible because they tend to roll on the floor, hug, share clothing, etc. It will take everyone working together and open communication to limit our lice outbreaks.

**Policy** – The Winters Child Development Center has adopted the No – Nit program. We will conduct lice checks frequently and will check both children and employees.

If lice or nits are found, parents will be called to pick up the child up from the daycare and to perform treatments. We will attempt to keep an OTC treatment available at the daycare but will be subject to availability of donors. The child or employee will need to be off the premises at least 48 hours. A nit/lice check will be required before entrance back into the facility.

We do recommend an appointment with your healthcare provider. If you have a second infestation, but it is not required. The child or employee will again be required to be off the premises for 48 hours. A lice/nit check will

be required before entrance back into the facility. A third infestation will need an appointment with your healthcare provider and a note releasing the child or employee back to daycare.

We will also send a note home to all parents and employees of the daycare if lice or nits are found. No names, rooms, or specifics will be given. This is done so that parents can monitor or treat prophylactically as they deem fit.

**By signing this document, you are acknowledging this policy.**

Parents  
signature \_\_\_\_\_ Date \_\_\_\_\_

# **Winters Child Development Center Parent Handbook**

**\*Please sign and return last page\***

**\*Please keep handbook for reference\***

**Reviewed and revised annually last update 07/09/2025**

## Mission Statement

The Winters Child Development Center's mission is to assist families by providing quality childcare dedicated to meeting each child's spiritual, social, emotional, physical and cognitive development in a nurturing and safe environment.

The purpose of this handbook is to outline the policies and procedures of Winters Child Development Center. Please review the material carefully, as your signature acknowledges the information and indicated compliance.

### **Hours of Operation:**

Monday-Friday 7:00am-5:30 pm We are closed 10 holidays a year. You

Pay to hold your spot during holidays, vacation , etc. A holiday closing schedule is enclosed.

If your child is picked up AFTER 5:30 pm you will be charged \$1.00/minute for every minute after 5:30.

Your child must be present by 9 am to attend for the day (A doctor/dentist excuse will be honored). If your child needs to leave for an appointment they may return with a doctors note but not during nap time 12:30-2:30.

Breakfast is served 8:30-8:45 am- **if your child will be arriving after 8:30 they will need to eat breakfast at home.** We do not have the staff to cover a late breakfast. Children are not allowed to have food or drinks in the classroom.

### **Tuition rates effective 2/3/25**

Infants up to 12 months of age \$170/week (Rate drops to \$145/week the first Monday After the child's 1st birthday).

Toddlers 12 months of age to 24 months of age \$145/week rate drops to \$140/week the first Monday after the child's 2<sup>nd</sup> birthday)

Children over 24 months of age and older \$140/week.

A \$5.00 a week discount will apply to each additional child.

**Tuition will be auto drafted from your bank account. In the event your auto draft is returned as "non-sufficient funds" you will be given a written notice and cash payment will be required the next day at drop off. The second time a "non-sufficient funds" notice is given, you will be required to pay cash weekly.**

**Cash pay parents: Tuition is due Friday for the following week. If payment is not made on Friday, you may pay when you drop your child off on Monday. After drop off on Monday, if you have not paid tuition, a \$10 late fee per day will be assessed. You will have 48 hours (Wednesday at drop off) to make payment. If payment is not received, your child will be dismissed from the CDC. We do not keep cash onsite please bring exact amount . We do not provide change any overage will be deposited as a donation.**

Drop-in rate is \$30/day over 24 months subject to an available spot. We will accommodate drop ins as we can. Please call the center for availability.

After School Rate 2:30-5:30 \$15.00 a Day

Non- Refundable Deposits of \$170/\$145/\$140 (depending on age) are required to secure a spot for your child. Deposits will be applied towards the first week's tuition.

**Tuition must be paid during holidays, inclement weather days, vacation and summer break. If tuition is not paid, your child's spot will be filled, and you will have to re-enroll your child and be placed on the wait list.**

### **Trial period and termination**

A trial period of 2 weeks will be given for adjustment. After the trial period, **parents may terminate care with 2 weeks written notice. If you should decide to terminate care immediately, 2 weeks tuition is required in lieu of prior written notice, with all final payments due at the time of notification.** The center will give you 2 weeks written notice if we intend to terminate your child's care.

### **Termination**

We have included a lice and biting policy in your enrollment packet. Which could result in termination if excessive cases of head lice or biting incidents are not resolved. See discipline policy for other grounds for termination.

### **Drop off and pick up procedures**

Students must be signed into the center by the person dropping them off. **Only authorized persons will be allowed to pick your child up from the center. You may update the pick-up/ emergency contact list at any time either in person or by calling or texting the director.**

### **Absences**

Please report all absences to the director either with a phone call or text msg.

**Custody/court orders** Winters CDC requires a copy of custody/ court orders if applicable. If a copy is not given, we cannot prevent a non-custodial parent from picking up the child. Please provide updated documentation when it

becomes available. Each parent has the right to see the child's file that we keep at the daycare, unless court papers deny that right.

### **Communication**

It is our goal to provide a safe and nurturing environment for your child. Please communicate any needs or concerns regarding your child to staff. Daily reports will be sent home to keep you up to date on how your child is doing, things we are learning, and any changes to the policies of the center. If you have a complaint or concern, please first communicate with the person you have the complaint or concern with. If the problem is not resolved, feel free to follow the chain of command: teacher, director, board of directors. You can request a conference with the teacher and or director at any time to address any questions or concerns you may have. We have a parent information bulletin board in the front room. The following information is posted: Copy of our most recent licensing inspection, child abuse hotline number, classroom schedules, new requirements for gang free zones, tuition fees, and our closing dates.

Behavior reports will be sent home periodically as needed please sign and return with your comments and or request a parent teacher conference. We will keep parents informed of the child's progress.

We will communicate in person, over the phone or via text messages. Please feel free to contact your center Director via text to discuss any issues or concerns you may have if this is more convenient for you.

### **Family Participation**

We have an open-door policy at our center. Family is encouraged to be active at the center. We welcome classroom volunteers after appropriate background checks are completed. Parents and family are also welcome to join us for classroom parties throughout the year.

### **Curriculum Goals**

We strive to provide PreK readiness for all of our students. We start in our infant class by providing opportunity for visual, auditory sensory stimulation. We continue working with each age group to develop social emotional and cognitive skills. That are age appropriate. We have included a copy of each class schedule to give you an idea of what your child is doing daily.

We do a developmental check list at least twice a year January & July on all children in our care. The results of this check list will be used to inform

instruction and provide resources and referrals as needed. A copy of the results will be provided to the parents.

### **Physical Activity**

We offer a variety of physical activity opportunities including outdoor play time of 60 minutes per day. Weather permitting generally temperatures above 90 degrees or below 50 degrees heavy rain or snow would not permit for outdoor play, Children work on developing both fine and gross motor skills. We offer our students opportunities for active play through out the day. Infants are given supervisor tummy time throughout the day. They are given floor play time to explore and work on muscle development.

### **Screen Time**

We do not offer screen time for any children under the age of 2 years old. Screen time for 3- & 4-year-old students is limited to no more than 30 minutes a day and must pertain to the weeks educational goals Screen time is never used during mealtimes, snack times, or nap and rest time.

### **Nap/rest time**

ALL children under the age of 4 are required by Texas law to have a rest period. No child is forced to go to sleep, but they are expected to stay on their mat and be quiet so that others may rest. Teachers are supervising the duration of naptime.

### **Discipline Policy/ Challenging Behavior**

**-Behavior management:** Our philosophy/objective is to use discipline, consequences, and choices to teach a child. Positive reinforcement is used to encourage children to use acceptable behavior. Redirection is used when behavior is unacceptable, and the child is redirected to a more appropriate activity. When a child's behavior is unable to be managed or becomes dangerous to others, a parent conference will be called so we can work together on a behavior plan. We will update parents on child's progress. If the problem cannot be resolved, we will give you 2 weeks' notice of our intent to terminate care and you will need to make other childcare arrangements. Cameras are installed in classrooms and on the playground. If there is ever an incident in question, the director can review the video footage of the incident.

**-Biting:** See attached biting policy

### **Corporal Punishment**

There is a zero- tolerance policy with regards to corporal punishment such as hitting, pinching, shaking, and biting on our premises. If we witness corporal punishment, we are required to report it to Child Care Licensing.

### **Smoking & Vaping**

There is a zero-tolerance policy with regards to smoking and vaping on our premises. If we witness an adult smoking or vaping with a child in the vehicle on our premises, we are required to report the incident to Child Care Licensing.

### **Violence, Guns and Gang Related Activity**

There is a zero – tolerance policy regarding violence , guns and gang related activity on our premises. Violation of this policy will result in immediate termination.

### **Child Abuse**

Daycare providers are required by law to report to Child Protective Services any suspected physical, emotional, or sexual abuse or neglect.

Child Abuse Hotline 1 800 252 5400      Local PRS Licensing 325 657 7414

PRS website [www.txchildcaresearch.org](http://www.txchildcaresearch.org) (Click on the link that says childcare regulations and standards)

### **Meals**

Parents are responsible for providing healthy meal options. Parents will provide AM snack, Lunch, and PM Snack. We have refrigerators to store meals, we also have a toaster, microwave and an air fryer to heat meals. Examples of healthy meal ideas can be found at [www.eatingwell.com](http://www.eatingwell.com) and [healthychildren.org.gov](http://healthychildren.org.gov) . We will provide water throughout the day but ask parents to provide a sippy cup. We do not allow candy, sodas, coffee, energy drinks etc. If you send them we will throw them out.

### **Special Diets**

If a child has a particular dietary need, the center needs to be informed and we have a form that will need to be completed by your doctor. If there is a food allergy, we will need an allergy form completed by your doctor as well.

## **Breastfeeding Policy**

We offer a comfortable space for moms to feed their children. We also provide a freezer for breast milk storage. We will thaw and warm breast milk per parents' instructions. For more information and resources on breast feeding please visit [wicbreastfeeding.fns.usda.gov](http://wicbreastfeeding.fns.usda.gov)

## **Potty Training**

We will be more than happy to assist with potty training when your child is ready. Parents are asked to begin training at home before we begin at the daycare. Once you begin, parents will need to supply pull ups, then underwear as we progress. We will not give food as a reward for using the potty.

## **Diaper Changes**

Diapers are checked/ changed every hour or more frequently if needed. All diapers are changed after nap. Please label all diapers with child's 1<sup>st</sup> name and 1<sup>st</sup> letter of last name.

## **Supply List**

Children who are not potty trained need to bring diapers and pull ups. ALL children need to bring a sippy cup, backpack, lunch box, and a nap mat. Nap mats will be sent home on Fridays to be washed. Please label your child's items with their first name and last initial.

## **Clothing Guidelines**

All students must bring an extra change of clothes. All walking students must always wear shoes. Please send appropriate outerwear on cold days.

## **Toys**

No toys from home are allowed. Your child may have a special toy for naptime, but it will stay in their backpack until then. We are not responsible for toys that are lost, stolen, or broken.

## **Health**

Please do not bring your child if he/she is sick. Children are not allowed to attend if they exhibit any of the following symptoms: Rash, diarrhea (3 times in 24 hrs), fever (temp over 100.0 F) or vomiting. If your child becomes ill while at daycare, parents will be contacted and asked to pick their child up within an hour of being notified. If parents are not able to be reached, the emergency contact listed on their pickup card will be contacted. Once the child is sent home sick, they cannot return to daycare

without being 24 hours symptom free without medication. Flu, RSV and Covid require at least 5 days out. You are still responsible for tuition during times of illness. You pay for your spot not attendance.

### **Medication**

We prefer that parents administer medication. We will administer medication ONLY if the MEDICATION CONSENT FORM has been signed. ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER. Written instructions with the child's name, dosage, and time given need to be noted with medication. Expired medication will not be administered.

### **Medical Emergencies**

In cases of a serious accident or illness that requires immediate medical attention, the following procedure is followed:

- 911 is called
- Parent/emergency contact notified
- Child and health records are taken to North Runnels Hospital-the director, codirector, or designated person in their absence, will be with your child upon transport and will remain with your child until the parent arrives
- An emergency report must be completed, a copy is given to the parent as well as the Department of Welfare.  
\*It is extremely important that your child's emergency contact card, phone numbers, and medical and medication list is kept up to date in the daycare files. Please report any changes immediately  
\*Parents are responsible for all costs involved in emergency medical treatment, including the cost of transport if required.

For minor instances like bumps and bruises, first aid will be administered, and an accident form will be completed and sent home.

### **Inclement Weather Policy**

We follow Winters ISD policy regarding inclement weather. If the school has a delayed opening or closure due to weather so does the center. Watch your local news as well as our Facebook page for updates on inclement weather delays and closures.

### **Accommodations For Families**

We strive to provide a safe caring environment with inclusion. We embrace diversity and individual uniqueness. If you or your child require accommodation, please inform the director. We will do our best to meet any educational or cultural accommodations.

We currently work with the Winters ISD school system and ECI to provide a quiet space for additional resources to be provided for any student needing services such as speech therapy.

Winters Child Development Center retains the right to modify the parent handbook as needed. A notification of any change in policy will be sent home.

### **Resources**

Workforce Solutions of West Central Texas

Provides Tuition assistance for families that meet the qualification. We do participate in the Child Care Services Program for more information please contact 325-795-4200.

You will find a list of additional family resources posted on our parent information board.

### **Directors contact information**

**Stephanie Turner**

**Center 325-754-4871**

**Cell 325-864-6553**

**winterscdctexas@gmail.com**

**Please keep the parent handbook and sign and return this page.**

I hereby give my consent for Winters CDC to take pictures of my child and use them for educational purposes and/or public information.

YES \_\_\_\_\_

NO \_\_\_\_\_

I/We hereby acknowledge receipt of the parent handbook. By signing this agreement, you agree to the policies listed herein. Breach of agreement may result in termination of childcare services.

Child's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_

Staff Signature \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_