



Enrollment Check List

- **Attestation of Child Day Care for Essential Workers Form**
- **Admission Information Form**
 - Authorization for Child Release Form
 - Parent Handbook Acknowledgement
 - Authorization for Emergency Medical Attention
 - Immunization Record
 - Health Care Professional's Statement (signed by physician)
 - Vision and Hearing Screening (**for students 4 and older**)
- Enrollment Contract (Infants – 10 years old)
- Emergency Procedures
- Emergency Transport Consent Form: Medical, Field Trip, To & From School
- Tuition & Billing Authorization Form
- Parent's Guide to Day Care Acknowledgement Form
- Photo Permission Form
- Individual Personal Care Plan Infants & Ones (6 weeks to 17 months)
- Safe Sleep Policy/Waiver (Infants only)

Office Use Only

- Registration Fee Paid
- Received Rest Mat
- Supply Fee Paid (August & January)
- Fire drill form
- Email added to Outlook
- Brightwheel account created
- Parent email sent for BW invitation



Form 7265
April 2020-E

Attestation of Child Day Care for Essential Workers – Child Care Regulation

This form is used to attest that the parent of a child enrolled at a child day care operation is designated as an "essential worker" according to the guidelines set by the U.S. Department of Homeland Security in its Guidance on the Essential Critical Infrastructure Workforce.

Section A – Identifying Information

Child Name	Parent Name	
Address	City	ZIP Code
Mailing Address (if different)	City	ZIP Code
Parent Phone No.	Parent Work Phone No.	

Section B – Essential Worker Information

Job Title	Employer Name	
Employer Address	City	ZIP Code

Please answer the following section to attest that the parent is employed in one (or more) of the following job categories as an essential worker:

- | | |
|--|--|
| <input type="checkbox"/> Health Care/Public Health | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Law Enforcement/Public Safety/Other First Responder | <input type="checkbox"/> Defense Industrial Base |
| <input type="checkbox"/> Food and Agriculture | <input type="checkbox"/> Residential/Shelter Facilities and Services |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Hygiene Products and Services |
| <input type="checkbox"/> Water and Wastewater | <input type="checkbox"/> Other Community or Government-based Essential Functions |
| <input type="checkbox"/> Transportation and Logistics | <input type="checkbox"/> Religious Services Conducted in Churches, Congregations, and Houses of Worship |
| <input type="checkbox"/> Communication and Information Technology | <input type="checkbox"/> Any other category added to the list of essential services maintained by the Texas Division of Emergency Management (TDEM) or the U.S. Department of Homeland Security in its Guidance on the Essential Critical Infrastructure Workforce |
| <input type="checkbox"/> Public Works and Infrastructure Support Services | |
| <input type="checkbox"/> Hazardous Materials | |
| <input type="checkbox"/> Financial Services | |

Section C - Certification

I certify that the information provided here contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief.

Signature of Parent _____

Date _____



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: Summerfield Academy		Director's Name: April Lord	
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:	
Parent/Guardian:	Parent/Guardian:	Address of Parent or Guardian (if different from the child's):	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
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.:	

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 splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance: Yes No If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (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"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

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

- None Breakfast Morning snack Lunch Afternoon snack 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		

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 <i>(include instructions below)</i> |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations <i>(past 12 months)</i> | <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 <https://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).

Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following school:

School Area Code and Phone No.:

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 or her sibling under 18 years old

Authorized pick up or 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.

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	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

Signature — Parent or Legal Guardian

Date Signed

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 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 _____

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. (*Select **only one** option.*)

- 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.
- 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.

Name of Health Care Professional, if selected _____

Address of Health Care Professional, if selected _____

Signature — Health Care Professional _____

Date Signed _____

Signature — Parent or Legal Guardian _____

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)	
	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.	

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 _____

April Lord

Center Designee _____

Date Signed _____

Physician or Public Health Personnel Verification

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

Signature _____

Date Signed _____



Enrollment Contract for Preschool
 Infants – 10 years old

Full name of child _____

Full name of parent/guardian _____

Full name of parent/guardian _____

Child's home address/City/State/Zip Code _____

Home phone _____

Child resides with: Both parents ___ Father ___ Mother ___ Other _____

Please enroll the child named above in Summerfield Academy for the 2023-2024 academic/full year. I agree to the conditions and the weekly payment stated below:

Weekly Tuition

Infants (6 weeks-18 months) \$320.00	Under 2 \$300.00	Under 3 \$290.00	Over 3 \$280.00
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Before School

6:30 a.m. – 7:40 a.m.
\$70.00 per week

After School

3:30 p.m. - 6:30 p.m.
\$100.00 per week

Before and After School

6:30 a.m. – 7:40 a.m.
3:30 p.m. - 6:30 p.m.
\$135.00 per week

\$200 Registration Fee (non-refundable)

\$200 Supply Fee(due in Jan. & Aug. pro-rated)

\$150 On-Campus Field Trips/Activity Fee (summer only)

\$40 Rest Mat

I understand that tuition will run automatically on Monday each week/month respectively. I understand that tuition is due on Monday and a \$10 late fee will be charged on Wednesday if tuition is not paid in full. A fee of \$35 will be charged for any insufficient funds.

I agree if tuition has not been paid for two weeks, my child will be dismissed from Summerfield Academy. If account is not brought current within 30 days, collection procedures will be pursued through Summerfield's attorney.

I agree to pay half of the weekly tuition for up to two weeks of vacation/sick time during which my child will not be in attendance. I understand that full tuition is expected if more than two weeks of vacation/sick time are taken during the academic year. I understand that half tuition will be charged in the event that Summerfield is closed due to an emergency unless I am notified otherwise.

I agree to provide a two week written notice if I withdraw my child from Summerfield Academy. If a two week notice is not given, two weeks tuition will be billed to my account.

I agree that by signing this Enrollment Contract for the coming academic/full year program obligates me and the above named child to accept and adhere to the rules and regulations of Summerfield Academy as stated in the current handbook and requirements concerning payment of tuition and fees as specified above.

THIS DOCUMENT IS A CONTRACT WHICH SHALL BE INTERPRETED AND ENFORCED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS. PLEASE READ THE ENTIRE CONTRACT AND FULLY UNDERSTAND IT BEFORE SIGNING AND DATING IT IN THE SPACES PROVIDED BELOW.

I agree to all of the foregoing terms and conditions:

Signature: _____

Date: _____

Print: _____



Summerfield Academy Emergency Procedures

Medical Emergency

In case of the onset of critical illness or injury, the caregiver/director will make an immediate attempt to contact a parent and call 911 for assistance. All caregivers shall keep a record of the children in their class and all contact numbers provided by the parent. Once a parent is contacted and it is deemed necessary for further treatment, the child will be taken by emergency vehicle to the nearest emergency room or clinic. All staff members will be annually trained in rescue breathing as well as CPR and First Aid.

Fire Emergency

In case of a fire all staff shall refer to the fire evacuation plan posted in their room and will be responsible for getting all their children out of the building and to their recommended area in a timely manner. All staff shall have their clip boards and records of children's contact numbers with them in order to be able to contact the parents in this event. Each staff member once outside will hold up green flags to let the office staff know that all children are accounted for and a red flag if a child is unaccounted for. Office staff shall contact 911 immediately. All staff will practice fire drill procedures monthly. In the event we cannot return to the building because of fire damage or other threats such as **Chemical Spills or Gas Leaks**, Roth Elementary located at: **21623 Castlemont Drive** [Main Office:(832) 484-6600] is our alternate shelter and designated safe area since Roth is located in the adjoining neighborhood. All teachers will be responsible for carrying their sign in sheets and Emergency contact lists with them in order to account for all their children during transport and once they reach the designated area. Evacuation cribs and the Kinder Van Stroller will be used to transport and relocate children who are under 24 months of age, who have limited mobility or who otherwise may need assistance.

Weather Emergency

In case of a weather emergency including: tornadoes, flooding, hurricanes; all staff shall refer to the disaster drill procedures posted in their room and will be responsible for getting all their children to their safe place in the building. In the event of a tornado: The Toddler Room, Two year old room and Five year room will go into the girls restroom and close the door until the all clear has been given. The Young Three's Room, Older Three's Room and Four Year Old room will go into the boy's restroom and close the door until the all clear has been given.

Terrorist Threat and Active Shooter

In the event that Summerfield Academy is threatened with criminal activity near or around our property, we will go on lock down mode. All staff will be immediately notified and all doors in the building are to be locked. If there is any questionable persons or activity on the grounds 911 will be called immediately. All staff will be responsible for getting their children into their safe place and accounted for. All staff shall have their clip boards and records of children's contact numbers with them in order to be able to contact the parents if needed.

Unauthorized Child Release

Parents or any person designated to pick up a child will need to show picture identification to the director. Children will not be released to any person not listed on the registration form unless we have prior verbal or written notification from the child's parent/guardian with the date, child's name, and the name of the person to pick up the child.

Missing Child

In the event that a child is missing from the classroom, all staff will be notified immediately. Staff will be on high alert until the child is safely returned to the classroom. The building and surrounding grounds will be searched.

I have read and understand all Summerfield Academy's Emergency Procedure.

Signature _____ Date: _____

Print Name: _____



Emergency Transport Consent Form Medical, Field Trip, To & From School

Child's Name: _____ Date of Birth: _____

Name of Public School (if applicable): _____

If attending public school please circle One: Before School After School Both

CHILD'S FAMILY INFORMATION

Name of Parent or Legal Guardian: _____

Address: _____ Cell phone#: _____

E-mail address: _____ Work phone #: _____

Name of Parent or Legal Guardian: _____ Cell phone#: _____

Address: _____ Work phone #: _____

E-mail address: _____

Which parent/guardian should be called first in case of a medical emergency? _____

CHILD'S MEDICAL INFORMATION

General Allergies: _____

Allergies to Medications: _____

Other Medical Problems or Conditions: _____

Are any of the allergies or conditions described above serious, chronic, or life-threatening, and/or will they require any special care during program hours? yes no

If yes, please elaborate: _____

Please note: This may require the completion of a Special Health Care Needs Plan by your medical provider. Children with chronic or life-threatening allergies or other medical conditions which may require administration of medical, special training of staff, or other special care by Summerfield Academy, **must have a special care plan completed by a health care provider before participating in the program. **This may delay entrance into the program, so please plan accordingly.***

CHILD'S PHYSICIAN INFORMATION

Child's Primary Medical Provider: _____ Phone: _____

Address: _____

Other Medical Provider (if relevant): _____ Phone: _____

CHILD'S INSURANCE INFORMATION

Company/HMO: _____ Group #: _____ ID #: _____

Name of Primary Insurance Holder: _____

**Emergency Transport Consent Form
Medical, Field Trip, To & From School
Authorization for Treatment**

In the event of a medical emergency, I (parent name) _____ give permission of the Principal/Director of Summerfield Academy to make a decision for and/or provide care for my child, (child's name) _____. I understand that during a medical emergency there may not be time to contact a parent prior to action being taken and that this is in the best interest of the child. I understand that I will be notified of any emergency as soon as possible.

This decision may include:

- Emergency transportation (i.e. ambulance)
- Permission for emergency personnel to provide treatment (i.e. EMT/Emergency Room Staff)
- Permission for staff trained in First Aid to provide treatment until other emergency personnel arrive.
- Directing emergency transportation to the closest hospital (the parents' choice of hospital will always be honored unless the situation dictates otherwise, i.e. field trip is out of area).

Signature of Parent/Guardian: _____

Date: _____



Summerfield Academy Tuition & Billing Authorization Form

Brightwheel Billing Authorization Agreement – Direct Payments through Autopay

Summerfield Academy requires all payments to be electronically and automatically processed through Brightwheel Billing.

I hereby authorize Brightwheel Billing on behalf of Summerfield Academy to initiate automatic, reoccurring debit entries to my bank account, debit/credit card and/or other forms of payment set-up by the me, the payee, indicated below for all tuitions charges, registrations, activities, fees & services, as agreed upon in Summerfield Academy's polices & prices outlined in the parent handout and handbook, (Please initial you have received handbook and/or handout) _____(initial)

A) Summerfield Academy uses electronic payments (automated or online) only. Cash/and or check may be accepted as alternative form of payment, and then only on a case-by-case basis.

B) Statements will be issued the week before the tuition bill is due and parents/guardians will be notified via email of their upcoming bill. Tuition payments will be run every Monday for the week, depending on how you have your recurring auto payments set-up.

Please check how your payments will be run: _____ weekly _____ bi-weekly

The due date is the date the payments are due. All funds due will be pulled from your account on the due date. Please note there will be a \$35 fee for every declined payment - in addition to late fees (see below).

C) If payments are not completed by 11:59 pm on Monday, and there is a pending balance, late fees will be charged. Tuition paid after Wednesday morning is considered late. After Wednesday morning a \$10 late fee will be charged each day, the payment is late. If tuition is not paid after two weeks, you will be asked to withdrawal your child. Tuition is due whether or not your child attends at all during the week enrolled. Holidays are counted as days present with no reduction in tuition.

D) As with all payment processors, there are fees and they depend on your payment method:

- For Credit/Debit card, Credit Card Fee: 2.9% per transaction.
- For ACH (bank to bank transfers) Fee: absorbed by Summerfield

E) On time payments and ensuring that adequate funds are available in the account at the time of payment are useful in allowing us to focus attention on taking care of your children and not spending time communicating with parents about late payments. Please help us in this endeavor by making sure that your accounts (credit card or checking) contain sufficient funds.

I acknowledge that the origination of automatic transactions to my account must comply with the provisions of both State and U.S. law. This authorization is to remain in full force and effect until Summerfield Academy has received written notification from me (customer) via the merchant named above of its termination in such time and in such manner as to afford Summerfield Academy and all processing banks/forms of payments involved a reasonable opportunity to act on it, a minimum of 15 days. In addition, I also indemnify and hold Summerfield Academy harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Child's Name

Signature

____/____/____
Date

Telephone #



“A Parent’s Guide to Day Care” Acknowledgement Form

This is to acknowledge that Summerfield Academy has provided me with “A Parent’s Guide to Day Care” and has discussed its contents with me.

Parents Signature: _____ Date: _____

1. Child-care facilities must provide parents with a copy of “A Parent’s Guide to Day Care”
2. Parents acknowledge receiving the Parent’s Guide by signing and dating this form
3. This acknowledgement is kept in the child’s record as long as the child remains at the facility.

NOTE: Failure to provide parents with “A Parent’s Guide to Day Care”, review its contents, and obtain a signed receipt, is a violation of standard 2300A, Day Care Minimum Standards and Guidelines.

Photo Permission Form

- YES, I grant permission to use photos of my child on: Summerfield’s website,
- YES, I grant permission to use photos of my child on: Summerfield’s Facebook page
- YES, I grant permission to use photos of my child on: Summerfield’s Brightwheel app
- YES, I grant permission to use photos of my child on: Classroom displays
- NO, Please, do not take or use any photos of my child.

Parent’s Signature: _____ Date: _____



TEXAS

Department of Family and Protective Services

A Parent's Guide to Day Care



▶ Child Care Information line 1-800-862-5252

Dear Parent:

When you choose licensed day care, you and your family join your child in new experiences and relationships. You, the day-care director, child-care staff, and other people in the day-care center have a responsibility to protect the health, safety, and well

being of your child. The Texas Department of Family and Protective Services, Licensing Division, is part of this partnership, too.

Minimum standards require your day-care provider to give you a copy of this pamphlet. You need to sign the receipt form to verify that you have received it and discussed the material with facility staff.

What is day-care licensing?

The Licensing Division was established by law to regulate child-care facilities to help protect the health, safety, and well-being of children in care.

With the assistance of child-care providers and experts in areas such as child development, early childhood education, fire safety, health, and sanitation, the Licensing Division develops minimum standards.

Licensing staff inspect day-care centers, private kindergartens and nursery schools, some unaccredited private schools, group day-care homes, and drop-in care centers to be sure that minimum standards are met. The staff also investigates complaints about violations of the minimum standards and the child-care licensing law.

Your day-care facility is responsible for meeting minimum standards. Many day-care programs exceed these requirements. Licensing does not regulate day-care fees, collection policies, or the kind of learning program your day-care facility offers. Each facility has its own special personality and approach to educating and caring for children. Parents can choose the kind of program that best meets the needs of their child and family.

It is important for you to know

When you visit a day-care facility, ask to see the license. The license means that the day-care facility met the minimum licensing standards the last time it was inspected for such things as fire, sanitation, and safety; the number of child-care staff required; staff qualifications; and requirements for special services.

Minimum standards prohibit persons who have been convicted of certain crimes from having contact with children in care.

Compliance with minimum standards does not guarantee high quality child care. They are called "minimum standards" because no one is allowed to operate below these standards.

A copy of the minimum standards is available for you to review at your day-care facility. You can also request a copy of these standards from your local day-care licensing office. A list of these offices may be found on the DFPS website: www.dfps.state.tx.us or by calling the Child Care Information Line at 1-800-862-5252.

Establish a good relationship with the day-care facility

Spend time at the day-care facility before you enroll your child. Ask questions about the program and observe the activities. Make sure the day-care facility has all the information needed about your child and family to provide good care.

Work with the staff of the day-care facility you choose. Parent involvement is an important part of a successful experience with day care.

Read all the material the day-care provider gives you. In addition to material required by licensing standards, each facility has its own policies and requirements. It's important that you understand these requirements before you enroll your child. It's equally important, once your child is in care, to read the notices, special requests, notes, and other materials the day-care provider sends home.

Drop in occasionally during the day to observe how your child interacts with staff and other children, and get a good picture of the day-to-day activities at the center. Be careful not to disrupt activities.

Keep your side of the bargain. Pick up your child on time.

Discuss concerns with the day-care director. Be aware that the teacher's main responsibility is working with the children. Don't be offended if the teacher can't spend much time talking with you when you drop off or pick up your child. If you need more time to talk about your child, set up a conference.

It's important to let the day-care facility know about things at home that may affect how your child is doing in day care.

When your child starts day care

Remember that it's normal for a child to have some fears and misgivings about starting day care. Children need time to get used to new situations. Prepare your children for the change as far in advance as possible. Discuss their concerns. If you're enthusiastic, chances are they soon will be, too.

Depending on their ages, some children will temporarily "act out" their feelings by clinging to you and refusing to let go, forgetting their toilet training, having bad dreams, sucking their thumbs, or other such behavior.

Work with the day-care director and your child's teacher on this.

Talk things over with your child

Make an opportunity each day to gently ask questions when your children are quiet and feeling secure and protected. Share their excitement about new friends, new skills, and new abilities; listen to their concerns; and give them a chance to boast about their achievements.

Parent responsibilities

The day-care facility must get certain information and records from parents to ensure the child's health and safety, handle emergencies, and meet minimum standards. If you do not provide this material, the day-care facility will not be in compliance with the minimum standards.

- Complete an enrollment form that includes basic information about your child; telephone numbers where you can be reached during the day; authorization for emergency care for your child; and written permission for swimming, other water activities, and transportation services.
- Tell the caregiver about any special concerns or needs, including allergies, medical history, and current medications.
- Give the day-care facility a copy of your child's immunization record showing immunizations against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenza type b, Hepatitis B and varicella. In some parts of Texas, a tuberculosis test report and Hepatitis A vaccine is also required. For school-age children, you can sign a statement that these records are on file at the school.

- Provide a doctor's statement that your preschool child is physically able to participate in the day-care program.
- Inform the day-care facility in writing about who is permitted to take your child from the facility. Generally, the day-care facility may only release your child to you or to an adult you designate.
- The facility may allow a school-age child to leave the facility alone or allow an older brother or sister to pick up a child if you request this in writing. The facility is only allowed to do this when all safety considerations have been met.
- Make sure that child-care staff knows the child has arrived. Make sure that staff are aware when you come to pick up your child. Don't leave your child at the front door, and never leave your child at the facility before opening or after closing.
- Other requirements must be met if the day-care provider gives medication to your child, if your child is an infant, or if your child needs special care or a special diet.

What happens if your child is ill or injured?

The day-care facility is not allowed to admit a child who seems to be sick unless a doctor or nurse gives approval in writing. This may cause problems for parents, but it is necessary to prevent a sick child from infecting other children.

If your child has been absent because of a contagious illness, the day-care facility must follow guidelines concerning when the child can return to day care.

If your child appears seriously sick or injured while at the center, the caregiver must call you immediately. It's important that you pick up your child as soon as possible.

If your child needs immediate medical attention, the center must call your child's physician, take the child to the nearest emergency room or minor emergency clinic, or call for an ambulance. This is why the day-care facility must have your authorization for emergency medical care.

Liability insurance requirements

Ask the day-care director whether or not the facility carries liability insurance. Texas law requires day-care facilities to carry liability coverage in the amount of \$300,000 per occurrence to cover a child when the child is in care of the facility.

Liability insurance coverage is not required if the insurance cannot be secured due to financial reasons; if the licensee is unable to locate an underwriter willing to issue a policy; or if the current policy limits have been extended. You are to be notified, in writing, that the coverage is not available.

Take a good look

As you become more familiar with your child's day-care program, you will see many strong points. Almost all day-care facilities strive to provide a warm, loving, safe, and healthy environment for children. Look for these characteristics, but also be aware of warning signals that tell you something is wrong.

Feel secure when you see that:

- The facility welcomes you to visit any time, and you are invited to observe the class or participate in activities.
- Staff is alert and involved with the children.
- Staff seems warm and interested in the children. There is spontaneous laughter, hugging, and eye-to-eye contact.
- Staff is gentle, but firm when necessary.
- The facility is clean and attractive.
- Your child is relaxed and happy after the initial adjustment period.
- Your child seems physically well cared for. Staff informs you of minor accidents and tells you when your child doesn't feel well.
- Children seem involved with constructive activities, and they get individual attention.

Be seriously concerned when you see that:

- Parents are not encouraged to visit the facility.
- Children are left without direct adult supervision.
- Adults spend much time scolding, ordering, and yelling at children.
- Adults are physically rough with children or allow rough play.
- The building is dirty, or you see unsafe conditions.
- Your child is unhappy about being left at the facility, and this doesn't improve with time.
- A child comes home bruised or injured, and the center can't explain what happened. (The child may not remember minor bruises and scrapes received when playing, however.)
- Children seem aimless, bored, angry, or frustrated, or there are too many children to supervise.

When things aren't going well

You may find yourself displeased about something that has happened at the facility. Talk about these things with facility staff. There may be a misunderstanding that can easily be resolved.

If the situation isn't resolved and you believe minimum standards are not being met, call the local day-care licensing office. They will handle your call discreetly.

A licensing representative will investigate your complaint. The licensing representative may need to interview you and your child and may also interview other children at the facility.

If the licensing representative finds that a standard has been violated, the facility will be notified and a time set for the facility to correct it.

Licensing staff may revoke a license if a facility doesn't meet minimum standards. The department does not take action to revoke a license unless children are in immediate danger or the licensee refuses to comply with standards.

If you suspect child abuse

Most day-care facilities, like most parents, take good care of children. Child abuse is rare, and it is very unlikely that anything like this will happen to your child.

If you do suspect that your child has been abused or sexually molested, report the situation immediately. Use the toll-free Child Abuse Hotline number 1-800-252-5400 or 1-512-834-3784 to report abuse or neglect that has occurred in Texas. The situation will be investigated immediately, and you will be given referrals or recommendations for help for your child and family.

Should agency staff interview or examine your child during an abuse investigation, a reasonable effort will be made to notify you within 24 hours after the interview or examination.

Parents who suspect or believe that their child has been abused in day care sometimes remove their child from care, but don't report the problem. This leaves other children in danger. State law requires everyone, including day-care providers, to report suspected child abuse or neglect immediately.

Immunity

When people make a report of suspected child abuse in good faith, they are immune from any liability when the department investigates a complaint, the identity of the complainant is not revealed.