



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
- Office Center Account

TEXAS
Health and Human
ServicesForm 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:

- | | |
|--|--|
| ☐ Health Care/Public Health | ☐ Chemical |
| ☐ Law Enforcement/Public Safety/Other First Responder | ☐ Defense Industrial Base |
| ☐ Food and Agriculture | ☐ Residential/Shelter Facilities and Services |
| ☐ Energy | ☐ Hygiene Products and Services |
| ☐ Water and Wastewater | ☐ Other Community or Government-based Essential Functions |
| ☐ Transportation and Logistics | ☐ Religious Services Conducted in Churches, Congregations, and Houses of Worship |
| ☐ Communication and Information Technology | ☐ 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 |
| ☐ Public Works and Infrastructure Support Services | |
| ☐ Hazardous Materials | |
| ☐ 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

Operation Name Summerfield Academy		Director's Name April Lord																
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.															
Child's Home Address																		
Date of Admission	Date of Withdrawal																	
Parent's Name	Parent's Name	Address (if different from child's address)																
List telephone numbers below where parents/guardian may be reached while child will be in care:																		
Mother's Cell No.	Mother's Work No.	Father's Cell No.	Father's Work No.															
Mother's e-mail address	Name of employer	Father's e-mail address	Name of Employer															
In case of an emergency I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.																		
Emergency Pick-up: Name: _____ Phone#: _____ Address: _____		Pick-up: (Name and #) _____	Pick-up: (Name and #) _____															
WATER ACTIVITIES: I hereby ☐ give ☐ do not give – my consent for my child to participate in Water Activities: ☐ Water Play Tables																		
☐ RECEIPT OF WRITTEN OPERATIONAL POLICIES/PARENT HANDBOOK: I acknowledge receipt of the facility's operational policies & parent handbook including those for discipline and guidance. I understand that Summerfield Academy reserves the right to make changes to the handbook, including policies and procedures, any time deemed necessary.																		
NUTRITION AND FOOD PROVIDED: Breakfast, A.M. Snack, Lunch, P.M. Snack. I understand that if I provide any meals or snacks from home that Summerfield Academy and the teachers are not responsible for the nutritional value or for meeting the child's daily food needs.																		
MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: <table><tr><td>☐ Mondays</td><td>from:</td><td>to:</td></tr><tr><td>☐ Tuesdays</td><td>from:</td><td>to:</td></tr><tr><td>☐ Wednesdays</td><td>from:</td><td>to:</td></tr><tr><td>☐ Thursdays</td><td>from:</td><td>to:</td></tr><tr><td>☐ Fridays</td><td>from:</td><td>to:</td></tr></table>				☐ Mondays	from:	to:	☐ Tuesdays	from:	to:	☐ Wednesdays	from:	to:	☐ Thursdays	from:	to:	☐ Fridays	from:	to:
☐ Mondays	from:	to:																
☐ Tuesdays	from:	to:																
☐ Wednesdays	from:	to:																
☐ Thursdays	from:	to:																
☐ Fridays	from:	to:																

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to: I hereby give consent for my child to be transported and supervised by the operation's employees for emergency care.		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

Insurance Company Name: _____

Please list all allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: We require a doctor's note for any and all allergies including a list of each food the child is allergic to, possible symptoms if exposed to a food on the list and the steps to take if the child has an allergic reaction. Please include the physician's signature and the parent's signature.

*Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

_____**YES** I grant permission to use photos of my child on: **Summerfield's website & classroom displays**__________**YES** I grant permission to use photos of my child on: Classroom bulletin boards and displays only._____**NO** Please DO NOT take or use any photos of my child._____
Signature – Parent or Legal Guardian_____
Date

Child's Name: _____ Date of Birth: _____

SCHOOL AGE CHILDREN:☐ My child attends the following school:_____
Name of School and Address_____
School Ph.#**CHECK ALL THAT APPLY:**☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

☐ ride a bus, and/or☐ be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:☐ I have provided the childcare operation with a copy of my child's most current immunization record.**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program._____
Health Care Professional's Signature_____
Date2. ☐ A signed and dated copy of a health care professional's statement is attached.3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian_____
Date

VISION	R 20/ _____	L 20/ _____	☐ PASS ☐ FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	
☐ PASS ☐ FAIL			

***** Texas State Law requires that all children ages four and older have an annual vision and hearing screening on file*****

If your child's doctor has done the vision and hearing screening already, please bring or fax a copy to the school. You may also fax your child's current Immunization and Health Statement to 281-651-5801.

Signature – Parent or Legal Guardian_____
Date

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)	☐ Positive		☐ Negative		Date:						

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

Signature

Date

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.

Parent's signature

Date

☐ I understand that Summerfield Academy requires every student to have an updated immunization record upon enrollment. It is also my responsibility to provide Summerfield with updated immunizations as they are given by the child's physician.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date



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 2025-2026 academic/full year. I agree to the conditions and the weekly payment stated below:

Weekly Tuition

Infants (6 weeks-18 months) \$335.00	Under 2 \$315.00	Under 3 \$305.00	Over 3 \$295.00
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Before School

6:30 a.m. – 7:40 a.m.

\$75.00 per week

After School

3:30 p.m. - 6:30 p.m.

\$105.00 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 ones-fives)

\$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 girl's 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

Child's Name: _____ Date of Birth: _____

Address: _____

Name of Custodial Parent(s) or Legal Guardian(s): _____

Address: _____

Phone #: _____

Parent's Name: _____ Work #: _____ Cell# _____

Parent's Name: _____ Work #: _____ Cell #: _____

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 (weekly, bi-weekly or monthly). 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 payments 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.

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.

2022 - 2023 Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for child-care facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria / Tetanus / Pertussis (DTaP)	Polio	Hepatitis B (HepB) ¹	<i>Haemophilus influenzae</i> type b (Hib) ²	Pneumococcal conjugate vaccine (PCV) ³	Measles, Mumps, & Rubella (MMR) ^{1, 4}	Varicella ^{1, 4, 5}	Hepatitis A (HepA) ^{1, 4}
0 through 2 months								
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose			
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses			
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses	3 Doses			
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	1 Dose
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	2 Doses

↓ Notes on the back page, please turn over. ↓

- ¹ Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.
- ² A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.
- ³ If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:
 - For children seven through 11 months of age, two doses are required.
 - For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
 - Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, an additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.
- ⁴ For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within 4 days before the first birthday will satisfy this requirement.
- ⁵ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of child) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." The written statement will be acceptable in place of any, and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunize/school/default.shtm>.

Exemptions

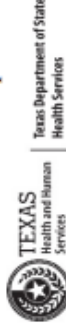
Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.dshs.texas.gov/immunize/school/exemptions.aspx. The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.



Requisitos mínimos de vacunación en el estado de Texas de 2022 a 2023 para centros de cuidado infantil y de prekínder

Esta gráfica resume los requisitos de vacunación incorporados en las secciones 97.61 a 97.72 del título 25 (Servicios de salud) del Código Administrativo de Texas (TAC). La gráfica no pretende sustituir la consulta del TAC, el cual contiene otras disposiciones y detalles. Según lo dispuesto en el capítulo 42 del Código de Recursos Humanos, se confiere al Departamento Estatal de Servicios de Salud (DSHS) la facultad de establecer los requisitos en materia de inmunización para los centros de cuidado infantil.

Los niños deberán presentar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a un centro de cuidado infantil en Texas.

Edad a la que el niño debe recibir las vacunas para cumplir con los requisitos:	Número mínimo de dosis necesarias de cada vacuna							
	Difteria / tétanos / tos ferina (DTaP)	Polio	Hepatitis B (HepB) ¹	<i>Haemophilus influenzae</i> , tipo b (Hib) ²	Vacuna anti-neumocócica conjugada (PCV) ³	Sarampión, paperas y rubeola (MMR) ^{1,4}	Varicela ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
De 0 desde 2 meses								
Antes de los 3 meses	1 dosis	1 dosis	1 dosis	1 dosis	1 dosis			
Antes de los 5 meses	2 dosis	2 dosis	2 dosis	2 dosis	2 dosis			
Antes de los 7 meses	3 dosis	2 dosis	2 dosis	2 dosis	3 dosis			
Antes de los 16 meses	3 dosis	2 dosis	2 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 19 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 25 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	1 dosis
Antes de los 43 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	² dosis

↓ Notas al reverso, por favor dé la vuelta. ↓

- ¹ Una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, paperas, rubéola, hepatitis B, hepatitis A o varicela se aceptarán en lugar de la vacuna.
- ² Una serie completa de la vacuna Hib consta de dos dosis más una dosis de refuerzo a los 12 meses de edad o después (tres dosis en total). Si un niño recibe la primera dosis de la vacuna Hib entre los 12 y los 14 meses de edad, solo será necesaria una dosis adicional (dos dosis en total). Si un niño ha recibido una sola dosis de la vacuna Hib en o después de los 15 a 59 meses de edad, cumple con los requisitos de esta vacuna específica. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna Hib.
- ³ Si la serie de vacunas PCV se empieza a administrar cuando el niño es mayor de siete meses de edad, o si el niño se atrasó al recibir alguna dosis de la serie, entonces puede que no sean necesarias las cuatro dosis. Para ayudarse a cumplir con los requisitos, refiérase a la información siguiente:
 - Para los niños de siete a 11 meses de edad, se requieren dos dosis.
 - Para los niños de 12 a 23 meses de edad: si han recibido tres dosis antes de los 12 meses de edad, entonces necesitan un total de tres dosis, una de las cuales al menos deben recibirla a los 12 meses de edad o después. Si han recibido una o dos dosis antes de los 12 meses de edad, entonces necesitan recibir dos dosis y ambas deberán recibirlas a los 12 meses de edad o después.
 - Los niños de 24 a 59 meses de edad cumplen con los requisitos si recibieron al menos tres dosis, una de las cuales la recibieron a los 12 meses de edad o después; o dos dosis, ambas recibidas a los 12 meses de edad o después; o una dosis recibida a los 24 meses de edad o después. De lo contrario, es necesaria una dosis adicional. Los niños mayores de 60 meses de edad no necesitan recibir la vacuna PCV.
- ⁴ Para la vacuna MMR y las vacunas contra la varicela y la hepatitis A, la primera dosis debe administrarse en el primer cumpleaños o después. Las dosis de vacunas administradas en los 4 días anteriores al primer cumpleaños satisfacen los requisitos.
- ⁵ Si se ha padecido anteriormente la enfermedad, esto puede documentarse con una declaración por escrito de un médico, del personal de enfermería de la escuela, o del padre o tutor del niño, y debe contener una afirmación como la siguiente: "Mediante este documento confirmo que (nombre del niño) tuvo varicela el día (fecha), o alrededor de esta fecha, y no necesita la vacuna contra la varicela". Esta declaración por escrito será aceptable en lugar de cualquiera de las dosis requeridas de la vacuna contra la varicela.

La información sobre las exclusiones de los requisitos de inmunización, la inscripción provisional y la documentación aceptable de las inmunizaciones puede encontrarse en las secciones 97.62, 97.66 y 97.68, respectivamente, del Código Administrativo de Texas, y en línea en <https://www.dshs.texas.gov/immunize/school/default.htm> (en inglés).

Exenciones

La ley en Texas permite: (a) que los médicos declaren por escrito la exención médica, siempre que en ella se indique claramente que existe un motivo médico por el que la persona no puede recibir determinadas vacunas, y (b) que los padres o tutores opten por la exención de los requisitos de inmunización por motivos de conciencia, incluida una creencia religiosa. La ley no autoriza, sin embargo, a que los padres o tutores elijan la exención simplemente para evitarse molestias (por ejemplo, que se hubiera extraviado un registro o este estuviera incompleto, y para ellos fuera demasiado difícil acudir con un médico o a una clínica para corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, con el fin de que puedan ser excluidos en el caso de una emergencia o una epidemia declarada por el comisionado de salud pública.

Podrá encontrar las instrucciones para solicitar la declaración jurada de exención oficial, que debe ser firmada por los padres o tutores que opten por la exención por motivos de conciencia, incluida una creencia religiosa, en www.dshs.texas.gov/immunize/school/exemptions.aspx (en inglés). La declaración jurada de exención debe llenarse y enviarse a la escuela en su versión original.

En el caso de los niños sujetos a exenciones médicas, es necesario presentar a la escuela una declaración por escrito del médico. A menos que en la declaración conste por escrito que existe un padecimiento médico de por vida, la declaración de exención es válida por solo un año a partir de la fecha en que la firmó el médico.

Documentación

Dado que se utilizan distintos tipos de registros personales de vacunación, cualquier documento será aceptable siempre y cuando un médico o el personal de salud pública lo haya validado. La validación incluye una firma, las iniciales o el sello. Un registro de vacunación procedente de un registro de salud electrónico debe incluir la información de contacto de la clínica o centro médico y la firma o el sello del proveedor, junto con el nombre de la vacuna y la fecha de vacunación (mes, día y año). Se acepta un registro oficial que provenga de una autoridad de salud. También se acepta un registro oficial que se haya recibido de funcionarios de la escuela, incluido un registro de otro estado.

