



## CHILD DEVELOPMENT PROOF OF ELIGIBILITY

- A. VERIFICATION OF ALL INCOME  
(AFDC, FOOD STAMPS, SSI, CHILD SUPPORT)
- B. VERIFICATION OF RESIDENCY  
(DRIVERS LICENSE, BILL, GOVERNMENT PROGRAM)
- C. VERIFICATION OF GOVERNMENT ASSISTANCE  
(MEDICAID)
- D. PROOF OF SCHOOL ENROLLMENT  
(VO-TECH, ALAMO COMMUNITY COLLEGE, ETC.)
- E. IMMUNIZATION RECORD  
(UP TO DATE)
- F. PHYSICAL
- G. BIRTH CERTIFICATE
- H. SOCIAL SECURITY NUMBER

### Items Necessary on First Day of Attendance

Payment for 1<sup>st</sup> two weeks (**money order only**)

Wipes 80 count or more

Box of Tissue

Change of Clothing

5 pampers/pull-ups (if applicable)

### Things to Remember

Cut off time for breakfast is 8:00 am

**No outside food allowed in classroom**

Cut off time for daily attendance is 9:00 am

Cut off time for daily pick up without late fee assessed is 6:00 pm

**PAYMENT DUE BEFORE SERVICES ARE RENDERED**

Late fee assessed if balance is unpaid by the last day of each month

You may call if you have any questions. Phone: (210) 224-2358

**For Office Use Only**

Program \_\_\_\_\_  
Weekly Fee \_\_\_\_\_  
Entry Date \_\_\_\_\_  
Term Date \_\_\_\_\_  
CACFP \_\_\_\_\_

**Ella Austin Community Center of San Antonio and Bexar County**

1023 N. Pine Street San Antonio, Texas 78202

Phone: (210) 224-2351 Fax: (210)229-9126

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name and Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name and Address \_\_\_\_\_

**In case of emergency, contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hours and days child will be in care: Hours \_\_\_\_\_ am \_\_\_\_\_ pm  
\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

This facility provides breakfast, lunch and a p.m. snack.

I authorize \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ p.m. Snack

Only the following people are authorized to pick up my child:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In the case of divorce or separation, state custody arrangements \_\_\_\_\_

Has your child had previous school experience? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child have sisters and/or brothers? \_\_\_\_\_

How did you hear about this facility? \_\_\_\_\_

I give \_\_\_\_\_ I do not give \_\_\_\_\_ permission for EACDC to allow my child to participate in swimming or water activities.

I give \_\_\_\_\_ I do not give \_\_\_\_\_ permission for EACDC to provide transportation by bus or car on excursions or other planned trips away from the school conducted and supervised by school staff.

Social Information:

Is this the child's first separation from home? \_\_\_\_\_ Has there been any kind of group experience? \_\_\_\_\_ Does the child make new friends easily? \_\_\_\_\_ Is he/she used to playing alone or with others? \_\_\_\_\_ Is your child potty trained? \_\_\_\_\_

What time does your child get up in the morning? \_\_\_\_\_ Go to bed? \_\_\_\_\_ Is your child used to taking an afternoon nap? \_\_\_\_\_ For how long? \_\_\_\_\_ Does your child have any special nap or bedtime routine? \_\_\_\_\_

What time does your child usually have: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_? Is your child used to having snacks between meals? \_\_\_\_\_ Does your child need help feeding self? \_\_\_\_\_

What points are most often at issue between you and your child? \_\_\_\_\_

How do you handle these? \_\_\_\_\_

Does your child have any of the following problems? Nail biting \_\_\_\_\_ Bed wetting \_\_\_\_\_ Jealousy \_\_\_\_\_ Thumb sucking \_\_\_\_\_ Irritability \_\_\_\_\_ Breath holding \_\_\_\_\_ Bad temper \_\_\_\_\_ Speech problems \_\_\_\_\_ Nightmares \_\_\_\_\_ Can't toilet train \_\_\_\_\_

Does your child have any problems that we might be able to help you with? \_\_\_\_\_

List any special problems or needs your child may have such as allergies, diet requirements, likes and dislikes which the staff should be aware of: \_\_\_\_\_

Any special problems or occurrences will be brought to the attention of the parents. Parents are encouraged to schedule conferences with teachers and director.

I have received a copy of school policies, and I understand and agree to adhere to all policies.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Program: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Ella Austin Community Center  
Child Development Program

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_

Place of work/school: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_

Place of work/school: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized Pick-up**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Recommended Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that I cannot be reached, nor the authorized contact person, I authorize Ella Austin Community Center to seek emergency treatment for my child.

Signature of Parent: \_\_\_\_\_



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

|  |  |                                    |  |                          |
|--|--|------------------------------------|--|--------------------------|
| <b>Part 1. All Household Members</b>   |  |                                    |  |                          |
| Name of Enrolled Child(ren): _____   |  |                                    |  |                          |
| Names of all household members<br>(First, Middle Initial, Last)  | CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)<br>* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM. |                                    |  | CHECK IF NO INCOME       |
|  | <input type="checkbox"/>   |                                    |  | <input type="checkbox"/> |
|  | <input type="checkbox"/>   |                                    |  | <input type="checkbox"/> |
|  | <input type="checkbox"/>   |                                    |  | <input type="checkbox"/> |
|  | <input type="checkbox"/>   |                                    |  | <input type="checkbox"/> |
|  | <input type="checkbox"/>   |                                    |  | <input type="checkbox"/> |
|  | <input type="checkbox"/>   |                                    |  | <input type="checkbox"/> |
| <b>Part 2. Benefits:</b> If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.<br>NAME: _____ CASE NUMBER: _____  |  |                                    |  |                          |
| <b>Part 3. (Applies only to parents/guardians with children enrolled in a day care home)</b> If any member of your household receives benefits listed on the enclosed <i>List of Eligible Federal/State Funded Programs (H1660)</i> , provide the name of the program and case number: NAME: _____ CASE NUMBER: _____<br>Check here if no case number <input type="checkbox"/>   |  |                                    |  |                          |
| <b>Part 4. Total Household Gross Income—You must tell us how much and how often</b>  |  |                                    |  |                          |
| A. Name<br>(List only household members with income)   | <b>B. Gross income and how often it was received</b>   |                                    |  |                          |
|  | <b>Note:</b> Self-employed report income after expenses in box 1   |                                    |  |                          |
|  | 1. Earnings from work before deductions  | 2. Welfare, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. All Other Income      |
| (Example)<br>Jane Smith  | \$200/weekly   | \$150/twice a month                | \$100/monthly  | \$200/bi-monthly         |
|  | \$ ____/____   | \$ ____/____                       | \$ ____/____   | \$ ____/____             |
|  | \$ ____/____   | \$ ____/____                       | \$ ____/____   | \$ ____/____             |
|  | \$ ____/____   | \$ ____/____                       | \$ ____/____   | \$ ____/____             |
|  | \$ ____/____   | \$ ____/____                       | \$ ____/____   | \$ ____/____             |
|  | \$ ____/____   | \$ ____/____                       | \$ ____/____   | \$ ____/____             |
| <b>Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)</b><br>An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)<br><br><i>I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i><br><br>Sign here: _____ Print name: _____<br><br>Date: _____<br><br>Address: _____ Phone Number: _____<br><br>City: _____ State: _____ Zip Code: _____<br><br>Last four digits of Social Security Number: ____-____-____-____ <input type="checkbox"/> I do not have a Social Security Number |  |                                    |  |                          |



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

|  |  |
|--|--|
| <b>Part 6. Participant's ethnic and racial identities (optional)</b>   |  |
| Mark one ethnic identity:  | Mark one or more racial identities:  |
| <input type="checkbox"/> Hispanic or Latino  | <input type="checkbox"/> Asian   |
| <input type="checkbox"/> Not Hispanic or Latino  | <input type="checkbox"/> American Indian or Alaska Native  |
|  | <input type="checkbox"/> White   |
|  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander   |
|  | <input type="checkbox"/> Black or African American   |
| <b>Part 7. Sharing Information With Other Programs: OPTIONAL</b>   |  |
| The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility. |  |
| <input type="checkbox"/> I <u>do</u> elect to allow my household information to be disclosed.  |  |
| <input type="checkbox"/> I <u>do not</u> elect to allow my household information to be disclosed.  |  |
| <b>Don't fill out this part. This is for official use only.</b>  |  |
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12  |  |
| Total Income: _____  | Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year      Household size: _____ |
| Categorical Eligibility: _____   | Date Withdrawn: _____      Eligibility: Free _____ Reduced _____ Denied _____      Tier I _____ Tier II _____  |
| Reason: _____  |  |
| Determining Official's Signature: _____  | Date: _____  |
| Confirming Official's Signature: _____   | Date: _____  |
| Follow-up Official's Signature: _____  | Date: _____  |

### Privacy Act Statement:

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

### Non-discrimination Statement:

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

## Ella Austin Community Center

Dear Parent/Guardian:

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

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: Ella Austin Community Center, 1023 N. Pine Street, San Antonio, Texas 78202, (210)224-2351.**

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

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

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

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

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

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

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

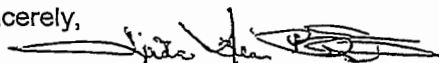
**9. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed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

**10. (Pricing program only) Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to Anthony E. Hargrove, either in person or by telephone at 210-224-2351. You may ask for a hearing by calling or writing to: Ella Austin Community Center, 1023 N. Pine Street, San Antonio, Texas 78202, (210)224-2351.

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

If you have other questions or need help, call 210-224-2351.

Sincerely,



Received by: \_\_\_\_\_

Date: \_\_\_\_\_



# Ella Austin Community Center

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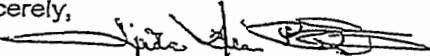
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In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call 210-224-2351.

Sincerely,  


Received by: \_\_\_\_\_

Date: \_\_\_\_\_



ELLA AUSTIN COMMUNITY CENTER  
EXECUTIVE OFFICE

1023 North Pine Street  
San Antonio, Texas 78202  
Phone (210) 224-2351  
Fax (210) 229-9126

PHOTO RELEASE

I hereby grant to Ella Austin Community Center and its assignees, the right to make an audio recording, a photograph, film, or videotape of me, \_\_\_\_\_ or video and/or audio of this program, all or in part, for broadcasting, publicity, public relations and promotional purposes (advertisement, publicity, and special programming assessment, statistical information, etc.)

In so doing, I grant permission for this likeness to be reproduced for the same purpose. I fully understand that I will not receive any compensation for the foregoing in the future from Ella Austin Community Center or any other source.

I understand that the provisions of this release are legally binding.

Signature of Individual: \_\_\_\_\_  
or Signature of Guardian if child is a minor (18 or younger)

Date: \_\_\_\_\_

Photographer: \_\_\_\_\_

Ella Austin Community Center  
Early Child Development  
1023 N. Pine Street  
San Antonio, Texas 78202  
Phone (210)224-2358 Fax (210)229-9126

### Co-Payment and Fee Plan

Ella Austin Child Development child care fee policy for income eligible families is dependent upon the age of your child at time of enrollment and will decrease as child ages.

Ella Austin Child Care fee rate for the \_\_\_\_\_ family will be

\_\_\_\_\_ per week effective on the date of enrollment. Children attending

school will pay full time rates during vacations, breaks, summer etc. It is our pleasure to

provide child care services to your child. We would like to ensure that your arrangements for

child care services will be a pleasant experience so we want you to be aware of the following

information:

1. Fees for services rendered to your child may be paid weekly, bi-weekly, or monthly, in the form of money order only.
2. Arrangements for timely payments will be made with the Child Development Intake professional.
3. All payments should be adhered to and are due in advance.

My signature below acknowledges my understanding of the information provided above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness  
Revised 8/10

ELLA AUSTIN COMMUNITY CENTER of San Antonio and Bexar County

1023 N. Pine Street

San Antonio, Texas 78202

Phone (210)224-2351 Fax (210)229-9126

**CHILD CARE IMMUNIZATION HISTORY**

Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Medicaid Number \_\_\_\_\_

SCHOOL AGE CHILDREN: School Name \_\_\_\_\_ Phone \_\_\_\_\_

My child's immunization record is on file at the school and all immunizations and tuberculosis tests results are current.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency attention, I authorize the facility staff to take my child to

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

OR Hospital/Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Immunization History: Texas law requires that all children admitted to child care facilities shall be immunized against the following diseases: Rubella, Whooping Cough, Measles, Tetanus, Polio, and they must have a "TB" skin test. Children may be provisionally admitted if immunization has begun and continued as rapidly as medically possible.

| VACCINE   | DATE<br>1 <sup>st</sup> dose | DATE<br>2 <sup>nd</sup> dose                           | DATE<br>3 <sup>rd</sup> dose | DATE 1 <sup>st</sup><br>Booster | DATE 2 <sup>nd</sup><br>Booster |
|-----------|------------------------------|--|------------------------------|---------------------------------|---------------------------------|
| DPT/TD    | _____                        | _____  | _____                        | _____                           | _____                           |
| OPV       | _____                        | _____  | _____                        | _____                           | _____                           |
| HIB       | _____                        | _____  | _____                        | _____                           | _____                           |
| MEASLES   | _____                        | APPROXIMATE DATE OF ILLNESS                            |                              |                                 | _____                           |
| MUMPS     | _____                        | RUBELLA  |                              |                                 | _____                           |
| TB Test   | _____                        | Results ___ Neg. ___ Pos. (Physician statement needed) |                              |                                 |                                 |
| SURGERY   | _____                        |  |                              | Medication _____                |                                 |
| ALLERGIES | ___ Penicillin               | ___ Asthma   | ___ Hay Fever                | ___ Other _____                 |                                 |

Limitations: (Activities the child should not engage in) \_\_\_\_\_

This child was examined by me on \_\_\_\_\_ and was found free of contagious diseases and is physically able to participate in the child care program with the exemptions above.

Physician's Signature \_\_\_\_\_

# Discipline and Guidance Policy for

Ella Austin Community Center

Name of Operation

◆ - Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

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

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;
- and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check one please:

parent

employee/caregiver

household member of child-care home

## New Requirements Regarding Gang-Free Zones For Child Care Centers

As a result of House Bill 2086 that passed during the 81<sup>st</sup> Legislature, Regular Session, Chapter 42 of the Human Resource Code includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed child care centers. The following is a tip sheet to assist in complying with the new law. This information may be posted at your child care operation or copies may be provided to parents.

### ***What is a gang-free zone?***

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your child care center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

### ***How do parents know where the gang-free zone ends?***

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or court house for information about obtaining a copy of a map if they choose to do so.

### ***What is the purpose of gang-free zones?***

Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

### ***What does this mean for my day care center?***

A child care center must inform parents or guardians of children attending the center about the new gang-free zone designation. This means parents or guardians need to be informed that certain gang-related criminal activity or engaging in organized criminal activity within 1000 feet of your center is a violation of this law and is therefore subject to increased penalty under state law.

### ***When do I have to comply with the new requirements?***

The law is already in effect, so providers should begin sharing information regarding gang-free zones immediately. Licensing staff will offer technical assistance to facilitate compliance until rules are proposed and adopted, which is estimated to occur in March 2010. In the meantime, providers should update their operational policies and procedures to include providing the information mandated by this law to the parents or guardians of the children in care.

*For further information please contact your licensing representative or your local licensing office.*