

ADMISSION POLICIES

Learning Journey admission is based on a “first come, first served basis”. All returned applications are dated upon receipt. Whenever a vacancy occurs, the date of the application form will determine the order for contacting parents of children on the waiting list.

Learning Journey does not discriminate in admission procedures to any of its programs or activities, on the basis of race, creed, handicap, national origin or any other relevant criteria.

DISMISSAL/WITHDRAWAL PROCEDURES

The Learning Journey staff is committed to helping each child adjust to his/her environment with patience and understanding. We will help develop each child's potential to the fullest. When teachers observe behaviors or development that is not appropriate for the child's age, we will recommend the child for testing or special services with their parent's permission. We will work with the parent on a plan for care and redirection. After a period of one month, if the Director and the teacher feel we are unable to help your child we will ask the parent or guardian to take the child from our center for services elsewhere. A list of services will be provided to assist them and their child.

When you withdraw your child, we request a two week notice if possible. This will give the child time to adjust to leaving, and saying good-bye to their friends. The Teachers will have time to complete the child's portfolio and gather up all their art work and personnel belongings. We will also have time to notify the next child on the waiting list.

Learning Journey
225 South High St.
Belleville, IL 62220
618-355-5875

I/WE authorize Learning Journey to photograph my child for publicity purposes.

Child's Name: _____

Parent/Guardian: _____

Date: _____

I/ We authorize Learning Journey to photograph my child for use in the center: portfolios, photographers, and pictures us in the center>

Child's Name: _____

Parent/Guardian: _____

Date: _____

I/We authorize Learning Journey to have my child's photo or name published in newspaper articles or on the web site.

Child's name: _____

Parent/Guardian: _____

Date: _____

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Belleville, Il 62220

Video/ Audio Consent

I hereby voluntarily grant my permission to the Learning Journey staff, their agents and licensees to photograph or video tape myself and or the child/children named below.

I understand that the interests of the early childhood care and education field will be advanced by the use of the video/audio and or photos covered by this consent.

I understand that all rights, title, and interest in these videos and photographic images belong exclusively to Learning Journey and that this group reserves the right to edit these images.

Child's Full Name: _____
(Please Print)

Parent/Legal Guardians Name: _____
(Please Print)

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Parent/Legal Guardian:

Signature: _____ Date: _____

Learning Journey's Late Pick-up Policy

Parents who have not picked up their child/children by 6:00 PM will automatically be charged \$1.00 per minute/per child/per occurrence. These charges will start at 6:05 PM.

The following steps will be taken to reach their parents:

1. Parents will be called at 6:10 and 6:20PM.
2. We will call home, work and cell.
3. Emergency numbers will be called at 6:30 and 6:45 PM.
4. Emergency numbers will be called again at 7:00 and 7:30.
5. If your child is still at the center by 8:00PM and no contact has been made with the parent/parents or any of the emergency contact people our next call will be to the Belleville Police Department.
6. The Department of Child and Family Services will be called as a last resort.

It is of the utmost importance to keep all contact numbers up to date. Be sure to notify the office and your child/children's teachers.

Even if the number is changed for just one day.

We are responsible and will stay with your child/children until they are back in the safety of family or friends.

We will not discuss any of this information with your child/children. Parents will not at anytime make the child/children feel responsible for the current situation.

I have read the above and agree to keep all home, cell, work and emergency numbers current.

Parent Signature: _____

Date: _____

Parent Handbook Receipt

I, _____ am the parent of _____

And I have received a copy of the Learning Journey Parent Handbook on: Date: _____

If there are any updates or additions to the Parent Handbook, a copy will be placed in my child's cubby. This will help you with any questions you may have. If you should need assistance see the Director. Thank You

Administer Sprays, Ointments and Sun Block

Child's name: _____

Any of the following may be used on my child if needed. According to the directions on the label or as directed by the parent.

Ointments/Desitin®/Vaseline® _____

Sun Block _____

Bug Spray _____

Parent Signature: _____ Date: _____

Birth Certificate

Effective May 15, 2009, every child who attends Learning Journey will need to have a copy of their birth certificate. This is a requirement from DCFS, Department of Children and Family Services.

Parent /Guardian Signature

Date

Late Fee Policy

By signing this document I understand that in the event monies owed are over thirty days past due Toddle Town, Toddler House and Learning Journey reserve the right to demand payment in full. If the outstanding balance is not paid in full upon demand, the undersigned agrees to pay 10% APR (annual percentage rate) on the balance plus all costs incurred by Toddle Town, Toddler House and Learning Journey in collecting the outstanding balance, including all reasonable attorney fees and all court costs.

My child _____ is enrolled in Learning Journey (Toddle Town, Inc.) Child Care Program. The weekly tuition for my child is _____ or Co-pay _____

I have read the policies regarding tuition payment procedures and agree to the terms of this document.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Director of Child Care: _____ Date: _____

Conscious Discipline

We have adopted "Conscious Discipline" by Dr. Becky Bailey. We feel this fits the climate of our center where we can build cooperation, willingness to change and instill responsibility and independency in the children through the teacher's. The program works on teaching a child to self regulate their behavior, using breathing skills and learning to use their voice.

With the addition of a "Safe Place", a child can remove themselves to an area only for them, and with tools to help them: calm down, slow down, or away from the feelings of anger, sadness, or missing someone. The teachers will be sure they are safe and will check on them, and when they are ready they may rejoin the class. Our training has come from a staff member who has taken two, two-week class.

This is an on-going process that we feel will empower the children as they deal with their feelings in a positive way, and hopefully will become a cornerstone to build their self esteem on.

I, _____ have read the above on _____ and understand that this is the discipline policy used at Learning Journey.

CONFIDENTIALITY

All staff will keep all information from a child's file as well as information they receive verbally from parents as confidential. This information is used to help care for their children effectively and should not be discussed away from the center, with another parent, or staff members who are not directly caring for the child. All information a child shares with you should be kept confidential. Staff members are also to exercise discretion in conversations reflecting upon the center. Your loyalty and support is expected at all times.

I understand the discipline policy and the confidentiality policy of Learning Journey.

Signature: _____ Date: _____

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SUMMARY OF LICENSING STANDARDS FOR DAY CARE CENTERS

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line **1-877-746-0829**

This statewide toll-free information line provides information to the public on the history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared so that you may monitor the care provided to your child. This is a brief summary and does not include all of the licensing standards for day care centers. State licensing standards are minimum standards, while some municipalities may impose stricter standards on day care centers operating within their jurisdictions. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns, and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing

representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

Staffing

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
 - Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
 - School-age workers must be at least 19 years old. They must have completed one year of college or have the equivalent experience and credentials.
 - Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
 - The director and all child care staff must have 15 hours of in-service training annually.
 - All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
 - A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
 - All child care staff in a facility licensed to care for newborns and infants must have training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.
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Group Size and Staff Requirements:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

General Program Requirements

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
 - Staff must demonstrate respect for each child enrolled regardless of differences in gender, ability, culture, ethnicity, or religion.
 - There must be a balance of active and quiet activity. Children of all ages shall be encouraged to participate daily in at least 2 occasions of age-appropriate outdoor time, with active movement or play for mobile children.
 - In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
 - Children will be limited in the amount of daily passive screen viewing.
 - Children may not be left unattended at any time.
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Infants and Toddlers

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Infants must be placed on their backs to sleep.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.
- Only new cribs manufactured on or after June 28, 2011 can be utilized.

School-Age Children

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
 - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
 - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
-

Evening, Night and Weekend Care

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Dependent on age, each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

Enrollment and Discharge

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided the following in writing: Information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not picked up at the agreed upon time, as well as policies related to guidance and discipline.
- Parents must complete an initial enrollment application, which includes a certified copy of their child's birth certificate (which will be copied by the center and returned to the parent), emergency numbers, and persons authorized to pick up their child.
- A child may only be released to a parent or other responsible person designated by the parent in writing.
- Daily arrival and departure logs must be kept by the center.

Guidance and Discipline

- Parents must be given a copy of the guidance and discipline policy.
 - The following are prohibited:
 - corporal punishment
 - threatened or actual withdrawal of food, rest or use of the bathroom
 - abusive or profane language
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- public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
 - “Time-out” is to be limited to one minute per year of the child’s age.
 - “Time-out” may not be used for children less than two years of age.

Transportation

- The driver must be 21 years of age and hold a driver’s license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle.
- Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- Any vehicle used to transport children must have liability insurance coverage in an amount required by statute.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

Health Requirements for Children

- Parents or guardians of infants, toddlers and preschool children enrolling in day care for the first time must provide a medical report dated fewer than 6 months prior to enrollment; children transferring from another licensed day care center may use their current medical report, if it is less than one year old.
 - Parents or guardians of school-age children may submit a copy of the most recent regularly scheduled school physical (even if it is more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy.
 - A medical report indicating that the child has been appropriately immunized must be on file for each child. Parents are encouraged to be informed about childhood immunizations by going to the following Web site:<http://www.idph.state.il.us/about/pgci.htm> . A tuberculin skin test is to be included in the initial exam unless waived by a physician.
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- The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
 - The center must comply with the Illinois Department of Public Health's Hearing and Vision Screening Codes and the Illinois Child Vision and Hearing Test Act.
 - Children aged one to six years must have either a lead risk assessment or a lead screening.
 - Water must be freely available to all children.
 - Children's hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
 - Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
 - Medication must be kept in locked cabinets or other containers that are inaccessible to children.

Nutrition and Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines and shall be prepared so as to moderate fat and sodium content.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Napping and Sleeping

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
 - Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
 - Toddlers may use either stacking cots or full-size cribs.
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- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

Physical Space

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
 - Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
 - Toilets and lavatories must be readily accessible to the children.
 - Hot and cold running water must be provided.
 - Hazardous items must be inaccessible to children.
 - Parents must be notified before pesticides are applied.
 - Lead paint or asbestos removal must be in accordance with public health standards and statute.
 - Exits must be unlocked and clear of equipment and debris.
 - Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.
 - Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.
 - The facility must test for radon at least every 3 years and post the results in an area visible to parents, along with an informative notice about the effects of radon.
 - Play materials must be durable and free from hazardous characteristics.
 - The facility may not use or have on the premises any unsafe children's product as described in the Children's Product Safety Act. Lists of unsafe children's products and recalls from 1989 forward are available at: <http://srs.dph.illinois.gov/webapp/SRSApp/pages/>.
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- The facility must be cleaned daily and kept in sanitary condition at all times.
 - First-aid kits must be maintained and readily available for use.

Outdoor Play Area

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.
- All areas of the outdoor play space must be visible to staff at all times.
- Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.
- Protective surfaces must be provided under equipment from which a child might fall.
- All swimming pools must be fenced or otherwise inaccessible to children.
- During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.

This summary has been developed to assist parents in monitoring the care provided by the day care center. Licensing Standards for Day Care Centers may be accessed through the DCFS website: www.DCFS.illinois.gov. You may also contact your nearest DCFS office for assistance. Locations of DCFS offices are also available on the DCFS website. Locations of DCFS offices are available on the DCFS website.

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____ Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

Toddle Town - Toddler House - Learning Journey

Rate Schedule and Policies

Weekly rates are as follows:

6 weeks to 24 months.....	\$210.00
2 year olds.....	156.00
Part time 2 year olds.....	105.00
Pre-school 3-4-5- year olds.....	136.00
Part time pre-school.....	94.00
Registration Fee.....	20.00
Registration Fee Family.....	30.00

1. ALL FEES INCLUDING REGISTRATION ARE NON-REFUNDABLE. Never send Money in with a child. Payment by check is preferred and should be placed in the mailbox in the entry way at Toddle House/Toddle Town and placed in the office mailbox at Learning Journey. When paying with cash please give the money to a teacher or the Director and they will give you a receipt.
2. Registration fee must be paid upon enrollment. Fees paid after May 1st will not need to be repaid in September.
3. Weekly rates are payable on Friday for the next week. We do-not give tuition refunds for the days your child is absent. An exception may be made if your child is absent due to extended illness. Please notify the center if your child is out due to illness or vacation or the full rate of tuition will be charged.
4. A late fee of \$25.00 will be assessed for payments that are more then a week late. When payments are more than two weeks late your child may not return until the balance is paid in full.
5. For every non-sufficient check returned you will be assessed \$25.00. This balance must also be paid in full.
6. If a child remains at the center past 6:00 pm a late fee of \$5.00 is charged after **5 minutes**. An additional \$1.00 per minute will be charged after that. The fee is due immediately upon arrival. Your child would appreciated a call to let them know you will be late.
7. Full rates are due every week and there are no exceptions for Holidays: New Year's Day, 4th of July, Memorial Day, Labor Day, Thanksgiving and the day after, Christmas Eve and Christmas Day.
8. We require a two weeks-notice if your child is going to be withdrawn.
9. After a full time enrollment of six months your child may use one week vacation credits (5days). Maximum of two weeks per year will be allowed for a full time child. Children enrolled as part time will be given credit for three days.
10. When a child is out for the summer and returns in the fall: no vacation credits are given.

OUR PHILOSOPHY AT LEARNING JOURNEY

We create a warm, happy, and positive atmosphere for our children to learn, as we bridge the gap from home to school. We guide children to a continued good self-image, while building social skills in a caring setting.

Sensory, motor perceptual and language skills are introduced through materials and activities, which are both child centered and teacher directed. Work is planned which emphasize the process rather than the product, fostering a sense of accomplishment and pride.

Based on the theory that children learn through play, classroom routines encourage active involvement, meaningful experimentation and reinforcement through repetition. Schedules are designed to balance structure and free choice, as well as active and quiet times.

Recognizing that children grow in predictable stages, we treat each child as an individual. We work from the level each child has attained and move forward a step at a time. We teach a love of learning by allowing children to experience their own stage of development and help them to feel success without pressure.

We value the active involvement of parents in our program both through committee and classroom participation. Parents are invited to participate in classroom activities, socials and parent workshops and they are always welcome to spend time at the center during drop off and pick up times.

Parents may gain valuable insights and techniques from the expertise of the staff and at the same time share their own talents and interests to maintain the excellent quality here at Learning Journey. The center then becomes a shared experience. This hopefully will continue throughout each child's educational experience.

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ATTENTION PARENTS

A new physical is due every **TWO YEARS**
BEFORE you visit the doctor for the physical
STOP by the office and pick up a
NEW PHYSICAL FORM



A T.B. **test or waiver** is required for all children who
attend the center



Lead Questionnaire

If your zip code is 62220 or your answer is yes to any
of the questions your child will need a **LEAD**
SCREENING TEST or WAIVER
to attend the center



Parents: Please fill out the **HIGHLIGHTED AREAS** on
the physical form and **SIGN**
Thank you for your assistance



State of Illinois
Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 1/2012



Student's Name			Birth Date	Sex	Race/Ethnicity	School/Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian	Telephone # Home	Work	
Street			City	Zip Code		
IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.						
Vaccine / Dose	1 MO DA YR		2 MO DA YR		3 MO DA YR	
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
Hib Haemophilus influenza type b						
Hepatitis B (HB)						
Varicella (Chickenpox)			COMMENTS:			
MMR Combined Measles Mumps. Rubella						
Single Antigen Vaccines	Measles Rubella Mumps					
Pneumococcal Conjugate						
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza						
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.						
Signature			Title		Date	
Signature			Title		Date	
ALTERNATIVE PROOF OF IMMUNITY						
1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)						
*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature						
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.						
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.						
Date of Disease	Signature		Title		Date	
3. Laboratory confirmation (check one) <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicella						
Lab Results	Date MO DA YR		(Attach copy of lab result)			

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN												
Date												
Age/Grade												
	R	L	R	L	R	L	R	L	R	L	R	L
Vision												
Hearing												
Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts												

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year			

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No	Hospitalizations?	Yes	No
Birth defects?	Yes	No	When? What for?		
Developmental delay?	Yes	No	Surgery? (List all.)	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	When? What for?		
Diabetes?	Yes	No	Serious injury or illness?	Yes	No
Head injury/Concussion/Passed out?	Yes	No	TB skin test positive (past/present)?	Yes*	No
Seizures? What are they like?	Yes	No	TB disease (past or present)?	Yes*	No
Heart problem/Shortness of breath?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Heart murmur/High blood pressure?	Yes	No	Alcohol/Drug use?	Yes	No
Dizziness or chest pain with exercise?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Dental <input type="checkbox"/> Braces <input type="checkbox"/> • Bridge <input type="checkbox"/> • Plate <input type="checkbox"/> Other _____		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Information may be shared with appropriate personnel for health and educational purposes.		
Ear/Hearing problems?	Yes	No	Parent/Guardian Signature _____ Date _____		
Bone/Joint problem/injury/scoliosis?	Yes	No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
---------------------------	---------------	---------------	------------	------------

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes ☐ No ☐ And any two of the following: Family History Yes ☐ No ☐
Ethnic Minority Yes ☐ No ☐ Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes ☐ No ☐ At Risk Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.
Questionnaire Administered? Yes ☐ No ☐ Blood Test Indicated? Yes ☐ No ☐ Blood Test Date _____ (Blood test required if resides in Chicago.)

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed ☐ Test performed ☐
Skin Test: Date Read ____/____/____ Result: Positive ☐ Negative ☐ mm _____
Blood Test: Date Reported ____/____/____ Result: Positive ☐ Negative ☐ Value _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions _____

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup _____

MENTAL HEALTH/OTHER Is there anything else the school should know about this student? _____

If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes ☐ No ☐ If yes, please describe _____

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified, please attach explanation.)

PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS** (for one year) Yes ☐ No ☐ Limited ☐

Print Name _____	(MD, DO, APN, PA) Signature _____	Date _____
Address _____	Phone _____	

(Complete both sides)

ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING
(410 ILCS 45/6.2)

Name _____ Today's Date _____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer. RESPONSE

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? | Yes | No | Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? | Yes | No | Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes | No | Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes | No | Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes | No | Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | Yes | No | Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes | No | Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes | No | Don't Know |
| 9. Does this child reside in a high-risk ZIP code area? | Yes | No | Don't Know |

A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; and

- there has been no change in the child's living conditions; and
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result _____ mcg/dL Date _____ Test 2: Blood Lead Result _____ mcg/dL Date _____

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

Signature of Doctor/Nurse _____

Date _____

Illinois Lead Program
866-909-3872 or 217-782-3517
TTY (hearing impaired use only) 800-547-0486

Tuberculosis Waiver

☐ _____ has already been given a TB test
on _____. The results were _____.

Doctor's Signature

Date

☐ Due to lack of exposure, I feel it is not medically necessary for
_____ to receive TB testing at this time.

Doctor's Signature

Date

Lead Waiver

☐ _____ has already been given a Lead test
on _____. The results were _____.

Doctor's Signature

Date

☐ Due to lack of exposure, I feel it is not medically necessary for
_____ to receive Lead testing at this time.

Doctor's Signature

Date

E-mail: _____
Door Code: _____
Driver License Copy: _____

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____
Address _____
Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____	Address _____
Phone Number _____	Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____	Address _____
Phone Number _____	Hospital or Clinic _____

PROGRAM

Days per week _____	Hours of care _____
Rate of pay (optional) _____	

Signature of parent or other person placing child

Signature of caregiver

Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments: _____

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____
Name Address Phone
and/or _____
Name Address Phone
and/or _____
Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize _____ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

SWIMMING

I/we consent to my/our child using the swimming pool of _____
Name of Provider

at _____
Address

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent _____

_____ Date

Signature of Parent _____

_____ Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

Parent Handbook Receipt

I, _____ am the parent of _____

And I have received a copy of the Learning Journey Parent Handbook on: Date: _____

If there are any updates or additions to the Parent Handbook, a copy will be placed in my child's cubby. This will help you with any questions you may have. If you should need assistance see the Director. Thank You

Administer Sprays, Ointments and Sun Block

Child's name: _____

Any of the following may be used on my child if needed. According to the directions on the label or as directed by the parent.

Ointments/Desitin®/Vaseline® _____

Sun Block _____

Bug Spray _____

Parent Signature: _____ Date: _____

Birth Certificate

Effective May 15, 2009, every child who attends Learning Journey will need to have a copy of their birth certificate. This is a requirement from DCFS, Department of Children and Family Services.

Parent /Guardian Signature

Date

Behavior and Discipline

Every child is to be treated with respect. Teachers need to be alert to the possibility of problem situations and be able to respond quickly. Using intervention may prevent someone from being hurt. Discipline techniques may include:

1. Redirection of child to another center or to a quiet area
2. By using the quiet area (not time out) to let them calm themselves before returning to the class.
3. Trying to help them communicate their feeling may also help them calm their behavior.
4. They may be excluded for one minute for every year of their age.

If the child continues to show this disruptive behavior the Director will notify the parent and a teacher parent conference will be scheduled. A written plan of action will be developed to help a child develop self-control and function positively at the center. A child who continues to have difficulty will be evaluated by a health care professional. If no improvement has been made they will be dismissed.

The following behaviors are prohibited in all child care settings:

1. Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear.
2. Threatened or actual withdrawal of food, rest or use of the bathroom
3. Abusive or profane language
4. Any form of public or private humiliation, including threats of physical punishment
5. Any form of emotional abuse, including shaming, rejecting, terrorizing or isolating a child

Any instance of corporal punishment will be grounds for IMMEDIATE DISMISSAL

Parent Signature: _____ Date: _____

Conscious Discipline

We have adopted "Conscious Discipline" by Dr. Becky Bailey. We feel this fits the climate of our center where we can build cooperation, willingness to change and instill responsibility and independency in the children through the teacher's. The program works on teaching a child to self regulate their behavior, using breathing skills and learning to use their voice.

With the addition of a "Safe Place", a child can remove themselves to an area only for them, and with tools to help them: calm down, slow down, or away from the feelings of anger, sadness, or missing someone. The teachers will be sure they are safe and will check on them, and when they are ready they may rejoin the class. Our training has come from a staff member who has taken two, two-week class.

This is an on-going process that we feel will empower the children as they deal with their feelings in a positive way, and hopefully will become a cornerstone to build their self esteem on.

I, _____ have read the above on _____ and understand that this is the discipline policy used at Learning Journey.

CONFIDENTIALITY

All staff will keep all information from a child's file as well as information they receive verbally from parents as confidential. This information is used to help care for their children effectively and should not be discussed away from the center, with another parent, or staff members who are not directly caring for the child. All information a child shares with you should be kept confidential. Staff members are also to exercise discretion in conversations reflecting upon the center. Your loyalty and support is expected at all times.

I understand the discipline policy and the confidentiality policy of Learning Journey.

Signature: _____ Date: _____

Learning Journey
225 South High St.
Belleville, IL 62220
618-355-5875

I/WE authorize Learning Journey to photograph my child for publicity purposes.

Child's Name: _____

Parent/Guardian: _____

Date: _____

I/ We authorize Learning Journey to photograph my child for use in the center: portfolios, photographers, and pictures us in the center>

Child's Name: _____

Parent/Guardian: _____

Date: _____

I/We authorize Learning Journey to have my child's photo or name published in newspaper articles or on the web site.

Child's name: _____

Parent/Guardian: _____

Date: _____

Learning Journey
225 South High Street
Belleville, Il 62220

Video/ Audio Consent

I hereby voluntarily grant my permission to the Learning Journey staff, their agents and licensees to photograph or video tape myself and or the child/children named below.

I understand that the interests of the early childhood care and education field will be advanced by the use of the video/audio and or photos covered by this consent.

I understand that all rights, title, and interest in these videos and photographic images belong exclusively to Learning Journey and that this group reserves the right to edit these images.

Child's Full Name: _____
(Please Print)

Parent/Legal Guardians Name: _____
(Please Print)

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Parent/Legal Guardian:

Signature: _____ Date: _____

Learning Journey's Late Pick-up Policy

Parents who have not picked up their child/children by 6:00 PM will automatically be charged \$1.00 per minute/per child/per occurrence. These charges will start at 6:05 PM.

The following steps will be taken to reach their parents:

1. Parents will be called at 6:10 and 6:20PM.
2. We will call home, work and cell.
3. Emergency numbers will be called at 6:30 and 6:45 PM.
4. Emergency numbers will be called again at 7:00 and 7:30.
5. If your child is still at the center by 8:00PM and no contact has been made with the parent/parents or any of the emergency contact people our next call will be to the Belleville Police Department.
6. The Department of Child and Family Services will be called as a last resort.

It is of the utmost importance to keep all contact numbers up to date. Be sure to notify the office and your child/children's teachers.

Even if the number is changed for just one day.

We are responsible and will stay with your child/children until they are back in the safety of family or friends.

We will not discuss any of this information with your child/children. Parents will not at anytime make the child/children feel responsible for the current situation.

I have read the above and agree to keep all home, cell, work and emergency numbers current.

Parent Signature: _____

Date: _____

Pest Application Inside and Out

Learning Journey has a monthly pest control visit and it is on the third Wednesday. BELO will be using a variety of non-chemical methods as well as "child friendly" pesticides when needs to reduce pest infestations. We are using sticky traps in the center and they are well out of sight of the children. A notice will be posted on the front door if we should need one visit right away. The spraying will take place in the evening when the center is closed.

Parent Signature: _____

Date: _____

Late Fee Policy

By signing this document I understand that in the event monies owed are over thirty days past due Toddle Town, Toddler House and Learning Journey reserve the right to demand payment in full. If the outstanding balance is not paid in full upon demand, the undersigned agrees to pay 10% APR (annual percentage rate) on the balance plus all costs incurred by Toddle Town, Toddler House and Learning Journey in collecting the outstanding balance, including all reasonable attorney fees and all court costs.

My child _____ is enrolled in Learning Journey (Toddle Town, Inc.) Child Care Program. The weekly tuition for my child is _____ or Co-pay _____

I have read the policies regarding tuition payment procedures and agree to the terms of this document.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Director of Child Care: _____ Date: _____

LEARNING JOURNEY'S PARENT ORIENTATION PLAN

I have been given a tour of Learning Journey and have completed the following:

1. Tour of facility_____
2. Introduction the teaching staff_____
3. Parent visit/Classroom teacher_____
4. Overview of parent handbook_____
5. Expectations of family/Needs of the child_____
6. Availability of family support resources and activities_____
7. Interpreter availability_____
8. Extended classroom visit/Parent and child comfortable_____

Parent Signature: _____ Date: _____

Tour Guide: _____

**PARENT LETTER
FOR CHILD CARE CENTERS**
July 1, 2015, Through June 30, 2016

Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of the State through DCFS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our center. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

Income Eligibility Guidelines
Effective from July 1, 2015, to June 30, 2016

Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	7,696	642	321	296	148

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

By signing the section on the application for the Illinois All Kids Health Insurance, you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on All Kids, call toll-free 866/255-5437 or 877/204-1012 (TTY).

If you have any questions or need help, please contact our center.

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, 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.

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

**PARENT INSTRUCTIONS
HOUSEHOLD ELIGIBILITY APPLICATION**

Follow These Instructions and Return the Completed form to your Center. Once approved for meal benefits, a child's Household Eligibility Application is effective for 12 months.

FOSTER CHILD(REN)

A foster child remains the legal responsibility of the State through a foster care agency or the court. If you submit documentation from the state or local agency that the child is in foster care, that documentation replaces completing a household eligibility application.

1) If all children in your household (who attend this center) are foster children that are the legal responsibility of a foster care agency or court, provide the following:

- Part 1—List the name(s) and age(s) of your foster child(ren) attending this center.
- Part 2—Check the box(es) indicating a foster child(ren).
- Part 3—5 Skip
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

2) If you have some foster children that are the legal responsibility of a foster care agency or court along with other children attending this center, please provide the following:

- Part 1—List ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the center.
- Part 2—Check the box(es) identifying the foster child(ren).
- Part 3—Record a valid SNAP/TANF case number if applicable
- Part 4—Skip
- Complete Parts 5 and 6 if applicable. See the instructions for **INCOME-HOUSEHOLDS REPORTING** section.
- Part 7-8 (OPTIONAL)

SNAP OR TANF BENEFITS - HOUSEHOLDS RECEIVING

If any member (child or adult) of your household receives SNAP or TANF benefits, provide the following:

- Part 1—List ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the center.
- Part 2—Skip
- Part 3—Record a valid SNAP or TANF case number for any member (child or adult) of this household. You will find your SNAP or TANF case number on your letter of eligibility for benefits.
- Part 4—5 Skip
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

HOMELESS, MIGRANT, OR RUNAWAY

If no one in your household receives SNAP or TANF benefits and if any child is homeless, a migrant or runaway, follow these instructions.

- Part 1—List ALL household members, and the age(s) of the child(ren) attending the center.
- Part 2—3 Skip
- Part 4—If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- Part 5—Complete only if a child in your household isn't eligible under Part 4. See instructions for **INCOME-HOUSEHOLDS REPORTING** section below and complete Part 5 and 6.
- Part 6—Provide a signature of an adult household member and date the application.
- Part 7-8 (OPTIONAL)

INCOME - HOUSEHOLDS REPORTING

If no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- Part 1—List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- Part 2—4 Skip
- Part 5—List total gross income (before deductions), not take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
 - o For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
 - o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
 - o If you have no income, list zero in the earnings from work column.
- Part 6—Provide a signature of an adult household member and date the application. Also, provide the last four digits of the social security number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a social security number, mark the box, I do not have a social security number.
- Part 7-8 (OPTIONAL)

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, 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.

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ILLINOIS STATE BOARD OF EDUCATION
Annual Enrollment Form
Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK	4 MEALS RECEIVED																																
First Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <td>AM</td><td>PM</td><td>TIME</td> <td>AM</td><td>PM</td><td>TIME</td> <td>Leaves Center</td><td>Returns To Center</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </table>	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input checked="" type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input checked="" type="checkbox"/> Supper <input checked="" type="checkbox"/> Evening Snack
TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																													
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																												
<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours																																			
Second Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <td>AM</td><td>PM</td><td>TIME</td> <td>AM</td><td>PM</td><td>TIME</td> <td>Leaves Center</td><td>Returns To Center</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </table>	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Same Meals as Above <input checked="" type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input checked="" type="checkbox"/> Supper <input checked="" type="checkbox"/> Evening Snack
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Third Child Name _____ Birth Date _____ Age _____	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <td>AM</td><td>PM</td><td>TIME</td> <td>AM</td><td>PM</td><td>TIME</td> <td>Leaves Center</td><td>Returns To Center</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </table>	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Same Meals as Above <input checked="" type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input checked="" type="checkbox"/> Supper <input checked="" type="checkbox"/> Evening Snack
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Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren) — ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Mark only one.

B. Racial data of child(ren) — ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
Mark one or more that apply. ☐ White ☐ American Indian or Alaska Native

6 SIGNATURE
I certify the information above is correct. _____
Signature of Parent or Guardian Date Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

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, 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. 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

**HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS
CHILD AND ADULT CARE FOOD PROGRAM**

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS

First, Middle Initial, Last

Ages of Children
at Center

FOSTER CHILD

Foster children are a legal responsibility
of DCFS or court. If all are foster children,
skip to #6.

SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or
TANF case number. At least one SNAP/TANF must be provided below.

4. Homeless, Migrant, or Runaway

☐ Homeless ☐ Migrant ☐ Runaway

Signature of School Homeless Liaison or Migrant Coordinator

Date

5. Total Household Gross Income (before deductions) You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemploy- ment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is
listed, the adult signing the form must also list the last four digits his or her social security number
or mark the I do not have a social security number box.

X X X - X X -
Social Security Number

☐ I do not have a social
security number.

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois
State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under
applicable state and federal laws.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

7. Contact Information (Optional)

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

8. Optional - Sharing Information With All Kids Insurance Program

May we share your information on this application with the All Kids Insurance Program, the complete health insurance program for every child in Illinois? If yes, do not sign below.
☐ No, I do not want my information from this application shared with the All Kids Insurance Program.

Date: Sign here:

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 your child 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced-price meals, and for administration and
enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine
benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

CHILD CARE REPRESENTATIVE USE ONLY--ELIGIBILITY DETERMINATION - COMPLETE SECTIONS A, B and C BELOW
Follow the Instructions for Institutions to Process Household Eligibility Applications available at www.isbe.net/nutrition.

SECTION A	Annual Income Conversion	Weekly X 52	Every 2 Weeks X 26	Twice a Month X 24	Once a Month X 12	Convert income only if different frequencies of pay are reported.
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
						NUMBER IN HOUSEHOLD:
<input type="checkbox"/> Free based on: <input type="checkbox"/> foster child <input type="checkbox"/> migrant <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> runaway <input type="checkbox"/> homeless <input type="checkbox"/> household's income		<input type="checkbox"/> Reduced based on: <input type="checkbox"/> household's income		<input type="checkbox"/> Denied--Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF		

SECTION B Signature of Determining Official

Date

SECTION C

Effective Date of this application:

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which the child's eligibility
is certified.