



# CHILD CARE PROGRAMS

## CNG GUIDELINES

### **Mission Statement**

The mission of the Comanche Nation Child Care Programs is to improve the quality of child care services and to promote coordination among early childhood development centers.

The Comanche Nation Early Childhood Development Centers are here to provide quality services through partnerships with families, providers, and the community while nurturing the development of the whole child and supporting cultural and family values.

*Revised & Updated: February 19, 2026*  
*Approved by CBC via Resolution ###-####*

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## CHILD CARE PROGRAMS

The Comanche Nation Child Care Programs manages two supplemental budgets that are funded by the allocated Comanche Nation Gaming Contribution Funds. These gaming supplements are incorporated into the annual budget as follows:

- The Early Childhood Development Center is included in the Economic Development section of the budget.
- The Child Care Subsistence Program a.k.a. The Family Enrichment Program, formerly known as Child Care Subsidies, is included under the Community & Education section of the budget.

These two funding allocations work seamlessly with the annual distribution of the Child Care Development Fund (CCDF) grant. Together, these three funding sources cover operating expenses for early childhood development centers and provide tribal subsidies to eligible families.

The guidelines not only incorporate the rules of the Comanche Nation Gaming but also encompass the entire program. To ensure that the program effectively supports the maximum number of tribal children and families, the application processes have been streamlined. This brief overview aims to help you review the information included in the Comanche Nation Gaming guidelines

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### I. FUNDING ALLOCATION

The primary goal of this program is to assist eligible families with the financial burden of child care costs while increasing the availability and affordability of child care services. The Child Care Program provides funding for direct payments to licensed child care providers, including three child care centers owned and operated by CN. Each family will be required to pay a co-payment, which is determined by current policies and payments are subject up to a \$1,500.00 maximum per month per child, based on income

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and location (only one choice of provider is allowed per child). To ensure the delivery of quality child care services, gaming funds may be utilized for expenses such as out-of-area child care services, emergency child care services, program employee salaries and benefits (including payment of subsidy-imposed co-payments), classroom and office supplies/furniture, building repairs & updates, food for the nutrition program, and other essential costs (including utilities, communication, and internet services).

## Direct Services

- Child Care Subsidies: Payments to Providers
- Operational expenses and childcare services at the three CN-owned and operated Early Childhood Development Centers (ECDC), including center-based staff salaries and benefits.

Annual budgets are developed according to the program's needs. Throughout the year, it may be necessary to adjust these budgets to align with those needs (the CCDF Administrator & CCDF Co-Administrator will meet regularly to evaluate the program's funding).

## II. PURPOSE & PRIORITIES

- a. The program office reviews applications, assesses eligibility, and finalizes parent agreements for subsidy payments between the Child Care Program and guardians.
- b. Assisting tribal members with subsidy and ECDC applications for approval, and enrolling tribal children in the three CN-owned and operated childcare centers.
- c. Ensuring all ECDC providers and staff complete the required training to deliver quality services to our children, including Health & Safety as well as Emergency/Disaster Preparedness.
- d. Providing resources and referrals to families and children
- e. Ensuring that all staff are adequately trained in emergency and disaster procedures according to OKDHS standards.
- f. Ensuring that all staff receive sufficient training in infectious disease control, including COVID-19.
- g. The program works with multiple providers, local education centers, and Head Start centers to support the transportation needs of the children involved in the program.

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## III. SUBSIDY CHILD CARE SERVICES

### **Comanche Nation Childcare**

#### **Subsidy Program**

206 SW 8<sup>th</sup> St.  
Lawton, OK 73501

**Phone:** (580) 360-0688

**Fax:** (580) 360-5546

#### **Email:**

childcare@comanchenation.com

#### **Hours of Operation**

Monday - Friday  
8:00am to 5:00pm

**Contact:** CCDF Administrator or  
CCDF Co-Administrator

The Application & Agreement for childcare services requires specific information along with sufficient documentation for all family members in the household applying for childcare services. Childcare applicants will receive an application and a checklist outlining the required documentation to submit for services. All documentation must be submitted to the Program Office by the applicant within a 30-day period. Applications lacking the necessary documentation will be deemed incomplete application.

Children with special needs, foster children, those experiencing homelessness, and children in protective services are a priority and should be clearly indicated on the application for immediate priority consideration.

Consideration for approval is based on yearly funding. Our program monitors subsidy needs on a monthly basis. There will be times that we may have to place a family on a waiting list.

### 1. APPLICATION FOR SUBSIDY SERVICES (Refer to the attachments for Application & Re-Certification)

1. **Completed** Child Care Application/Re-Certification (see attachment) for the family requesting child care services, acknowledging the program's terms and rules.
2. One full month of pay stubs for the previous month is required for guardian(s), or a current training class schedule listing hours and days of attendance. Guardian(s) must include all income received, such as Social Security Income, Disability Income, and child support payments. Parents starting new jobs should have their employer complete the Letter of Employment form (see attachment). Self-employed applicants need to fill out the Self-Employment Affidavit along with written evidence (see attachment).
3. Copy of Guardian(s) photo IDs and CDIB/Tribal ID.
4. Each child's CDIB/Tribal ID and Birth Certificate.

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5. Proof of residency: a copy of a recent utility bill (water, gas, internet, or electric) or a lease (refer to the attachment Rental Agreement/Lease) that includes the applicant's name and physical address (a P.O. Box is unacceptable).
6. Signed Consent to Release Information Form by guardian(s).
7. Emergency Contacts
8. Applicants approved for child care services will be notified of the date when child care assistance will begin. (Any child care services provided before the approval date are the responsibility of the guardian(s).)
9. Children with special needs, those in foster care, children experiencing homelessness, or those in protective services may qualify for reduced or waived child care fees. These situations are assessed on a case-by-case basis and reviewed by the CCDF Administrator or the CCDF Co-Administrator.
10. The applicant will provide the information of their chosen provider on the application for review.

## 2. CHILD CARE ELIGIBILITY/DETERMINATION REQUIREMENTS

1. The program requires annual re-certification, CNG guidelines require re-certification at the beginning of each fiscal year (no later than October 1).
2. Guardians must be working, training, or attending an educational program. Assistance can only be provided while the guardians are physically at work, training, or in class/lab. Transportation time to and from the child care facility or provider will be allowed. A 90-day job search exemption may be granted if guardians become unemployed and are seeking new employment.
3. Guardian(s)' income must fall within the current CNG program income guidelines. Income will be calculated using the gross monthly income minus the current program allowance for household living expenses. A family contribution (co-payment) may be required based on income. An Earned Income Worksheet will be utilized to make the determination (see attachment).
4. Proof of household income must be based on any of the following that apply:
  - Pay stubs from the previous month's wages.
  - Self-employed individuals must fill out the Self-Employment Affidavit and submit supporting documents.
  - Social Security Income.
  - Disability Income.
  - Child support and/or alimony.

**NOTE:** All changes in employment must be reported in writing within seven days of the change.

5. High school students requiring childcare for their children must submit a letter on school letterhead from an authorized representative stating that they attend school regularly.
6. Proof of residency may be established with any of the following (a P.O. Box is not acceptable):
  - Utility bill (gas, water, internet, or electric) containing the applicant's name and street address.
  - Rent or mortgage statement with names of guardian(s) and street address.

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- Lease agreement or notarized statement from the landlord showing the applicant's name and street address. An attached rental/lease agreement may also be used.
- Deed with legal description.

**NOTE:** Any changes in residency must be reported in writing within seven days of the change.

7. Identification for all individuals living at the address listed in the application, as specified on the checklist.

**NOTE:** Any changes in the occupants of the residence (family size) must be reported in writing within seven days of their occurrence change.

8. The child needing services must be an enrolled Comanche Tribal member. A CDIB/Tribal ID is required for each child for verification. Any children eligible for enrollment must submit a letter from the Enrollment Department confirming their eligibility and/or that they are "pending" before services can be approved.

9. Eligible children must be between 6 weeks and up to 13 years of age. Special exemptions may be made for children ages 13 to 18 who are mentally and/or physically unable to care for themselves or are under court supervision (subject to review and approval by the CCDF Administrator or the CCDF Co-Administrator).

10. Upon approved, the guardian(s) will receive and be required to sign the Certificate of Approval/Parent Agreement (see attachment).

11. The Child Care Program Staff will review and approve the provider selected by the applicant (provider must be state licensed). The provider must complete the Provider Checklist and submit all documentation (see attachment) before final approval for child care is granted to the family.

**NOTE:** Guardian(s) may change providers at any time with approval from the child care subsidy staff. Changes must be requested in writing one week (7 days) before this change is made. Parents need to submit documentation signed by the original provider indicating that no balances are owed, along with information for the new provider (the change will not take effect until the new provider completes all the necessary documentation).

**PROGRAM ASSISTANCE LIMITATIONS:** Due to the limited funding it is necessary that place limitations on the monthly dollar amount per child. As of May 1, 2026 the monthly limit per child is up to \$1,500.00, based on income and location. There will also be a limit to the number of children that we can assist.

3. CHILD CARE OFFICE CORRESPONDENCE- The Child Care Office will email each applicant to notify them of service approval and to remind them one month before their child care services expire and for re-certification. Parents are strongly encouraged to keep all correspondence for future reference.

1. **RE-CERTIFICATION** is the parent's responsibility. If the required information is not received by the child care office before the end of the month mentioned in the letter from our office, the case will be closed. Should the case be declared closed, the parent is responsible for all payments to the child care service provider outside of the approved period.
2. Back payments will not be issued if the necessary information has not been provided to our office. This will become the parent's responsibility.

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3. All calls concerning applications or the status of re-certification must originate from the parent/guardian.

## d. CHILD CARE SUSPENSION

1. Fraud - If fraud is confirmed, the participant (either applicant or provider) will be suspended from program participation indefinitely. In extreme cases, further action (up to and including legal action) may be taken at the direction of the CCDF Administrator, the Tribal Administrator, or the Comanche Business Committee.
2. Failure to Re-Certify
  - If the guardian fails to re-certify and does not make payment to the child care provider for the period covered by the Program office, the guardian will be suspended from program participation until payment arrangements are made with the provider and verification is submitted to the Program Office by the provider.
  - Failure to Provide Requested Documentation. A guardian will be suspended from the child care program if the requested documentation is not received within the specified time frame until the documentation is submitted. The parent will be responsible for payment to the provider during the suspension period.

## e. CONFIDENTIALITY

1. All client and provider records and files are confidential.
2. Information requests must be submitted in writing to the CCDF Administrator.

- f. COMPLAINTS-Comanche the Nation Child Care Program strives to provide quality services to our tribal families. We value input and participation from our community. However, if you are dissatisfied with our services, any person involved in the welfare of the children in our program has the right to submit a confidential complaint (see attached Parental Complaint Form). Complaints against a child care provider, TOC staff, or program office staff must be submitted in writing to the CCDF Administrator or the CCDF Co-Administrator at [ccdfadmin@comanchenation.com](mailto:ccdfadmin@comanchenation.com). The Comanche Nation Human Resources Department will be apprised of any complaints made against any Comanche Nation staff member.

1. The CCDF Administrator or the CCDF Co-Administrator will review the complaints within two business days of receipt. All complaints are investigated promptly and concluded by the end of the tenth business day (within reason).
2. Investigations include, but are not limited to, observations and interviews with staff, parents, and other witnesses. If necessary, an investigation may also result in a monitoring visit with the care provider.
3. All complaints are kept **confidential**. They are stored in a secure filing cabinet and made available upon written request (no personal information is released). The CCDF Administrator or the CCDF Co-Administrator logs all complaints using an Excel spreadsheet and updates it, listing dates, times, results, reports, and findings.

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## IV. TRIBALLY OWNED CHILD CARE CENTERS, also referred to as ECDC or TOC

Our child care centers are here to provide quality services through partnerships with families, providers, and the community while nurturing the development of the whole child and supporting cultural and family values. Our Family Handbook provides a comprehensive overview of the services offered by our centers, as well as the requirements, guidelines, and policies that govern their services.

**Numu Turetuu Early Childhood Development Center**  
(Lawton ECDC)  
*DHS Licensed/Tribally Operated*  
206 SW 8<sup>th</sup> St.  
Lawton, OK 73501  
**Phone:** (580) 360-0519  
**Fax:** (580) 360-5645  
**Email:** lawtonecdc@comanchenation.com

**Hours of Operation**  
Monday - Friday  
7:00am to 5:30pm  
**Contact:** Site Director

**Onáa Kahni Childcare Center**  
(Tribal Complex)  
*Tribally Operated*  
584 NW Bingo Rd.  
Lawton, OK 73507  
**Phone:** (580) 360-0620  
**Fax:** (580) 360-5657  
**Email:** onaa.kahni@comanchenation.com

**Hours of Operation**  
Monday - Friday  
7:00am to 5:30pm  
**Contact:** Site Director

## V. ATTACHMENTS

See the following attachments/supporting program forms (forms are updated through out the year as necessary)

1. Subsidy Application
2. Subsidy Re-Certification Application
3. Letter of Employment Form
4. Self-Employment Affidavit Form
5. Rental/Lease Agreement
6. Income Worksheet
7. Certificate of Approval/Parent Agreement
8. Licensed Provider Checklist
9. Timesheet
10. Enrichment & ECDC Co-pay Scale
11. Parental Complaint Form
12. ECDC Center Application, Family Handbook & Enrollment forms



**Comanche Nation  
Child Care Program  
Subsidy Application Checklist**



CCDF

CNG

For office use only	Date Received: _____
	Date Reviewed: _____

**For Child Care Staff Only**

**The following documents are required to be submitted at the same time as the application.**

**Incomplete applications may cause a delay in processing.**

Date:	Initials:	Type of Documentation Requested:
		Proof of Residence Utility Bill (Water, Gas, Internet or Electric) or Rent/Lease Agreement
		Copy of parents and/or guardians Identification (Driver license, State ID, or CDIB/Tribal ID with photo)
		Copy of Certificate of Indian Blood (CDIB) or Certified pending enrollment letter(s) for each child with Parent's CDIB/Tribal ID <ul style="list-style-type: none"> <li>• If pending enrollment-submit the child's CDIB/Tribal ID once enrolled</li> <li>• CCDF Funding allows for a descendency exemption. CNG Funding <b>does not</b> allow for descendency exemption. If child is a descendant and not enrolled we must have the CDIB/Tribal ID of the tribal member and all birth certificates to prove lineage</li> </ul>
		Copy of child(ren) Birth certificate(s) and Guardianship paper work if applicable
		Proof of Income/Training/Schooling <ul style="list-style-type: none"> <li>• Most recent 30 days worth of pay stubs, child support, alimony, SSI/Disability, or any other income documents</li> <li>• If newly employed we need a letter from your employer stating how many hours you work and your pay rate (you can request a letter of employment form from the childcare office for the new employer to fill out)</li> <li>• If in training/school we need copy of school schedule (each period/semester)</li> </ul>

## Comanche Nation Child Care Programs-Subsidy Assistance

Section I - Primary Adult			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	County of Residency:	CDIB #	
Physical Address:			
City, State, Zip code		Mailing Address: ( If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			
Section II - Secondary Adult (Responsible Party)			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	County of Residency:	CDIB #	
Physical Address:			
City, State, Zip code		Mailing Address: ( If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			

### FAMILY INFORMATION

Family Size (number of persons) \_\_\_\_\_

	Name	DOB	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Comanche Nation Child Care Programs-Subsidy Assistance

**CHILDREN NEEDING CHILD CARE:**

1<sup>st</sup> Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

4<sup>th</sup> Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

5<sup>th</sup> Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

**CHILD CARE CENTER INFORMATION:**

Facility Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT:**

Contact #1:			
Last Name:	First Name:	Middle IN:	Preferred Name:
Physical Address:			
City, State, Zip code		Relationship to Child	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			

# Comanche Nation Child Care Programs-Subsidy Assistance

## **READ CAREFULLY BEFORE SIGNING:**

1. I will abide by the rules and regulations of program (CCDF and CNG Funding) and I will pay all co-pays and additional fees on time & in full to the provider.
2. I understand I must notify the program office of any changes in household including pay rates, employment status, address/phone, email address, # of children, work/class schedules within **seven (7) days**.
3. I understand, if I am "terminated" from the program (CCDF and CNG) for any unfavorable reason any costs after the termination date that are incurred will be solely my responsibility. I understand, that if I re-apply any approvals will be at the sole discretion of the CCDF Administrator or the CCDF Co-Administrator.
4. By accepting my application for the program (CCDF and CNG) and meeting all eligibility requirements upon approval, the program (CCDF and CNG) agrees to furnish financial assistance for child care services limited to maximum allowances under the program (CCDF and CNG) guidelines.
5. This financial assistance will be granted during my approval period as long as I observe the rules mentioned above and maintain renewal/re-certification guidelines and all procedures.
6. I understand that to receive Special Needs and/or Foster Care Priority, I must submit a doctor's statement and/or legal documents verifying that my child needs this type of care.
7. I understand that all child care time sheets must be signed and agreed upon by both the child care provider and parent. *Unsigned time sheets will not be processed for payment due to the provider.*
8. I will never sign a blank statement form. If the time sheet I sign is inaccurate, I understand the following month of service payment will either be increased or decreased to make payment current.
9. If I decide to change providers, I will notify the program for approval and that all balances owed to previous provider have been settled.
10. I understand that if any fraud is committed, I must repay the amount in question to the Comanche Nation Child Care Program and will be unable to participate in the program until the repayment is made.
11. I understand that all phone calls regarding child care cases must be from applicant, no information will be shared with relatives or providers. If I have a complaint about child care staff or providers, I will make this complaint in writing to the CCDF Administrator or CCDF Co-Administrator.
12. I understand that program file information may be shared with other CN departments for compiling demographic data.
13. A Parental complaint form is located on our website at [Child Care | Comanche Nation](#)
14. I understand that if notification is received from my provider that my child (ren) has/have not been in attendance for more than one calendar month you risk being removed from the program.

By my signature, I fully understand the terms under which I have applied for assistance with the program (CCDF and CNG). I authorize the Comanche Nation Child Care Staff permission to make any investigation to verify any answers I have given. I affirm under penalty of perjury that the child care application is complete and correct to the best of my knowledge and belief. I also understand that providing false information may result in termination of these benefits

By signing below, I agree to the following rules and regulations of the Comanche Nation Child Care Program.

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APPLICANT'S SIGNATURE

---

DATE

---

Signature of Subsidy Program Office Staff

---

DATE



**Comanche Nation**  
**Child Care Program**  
**Subsidy RE-CERTIFICATION**  
**Application Checklist**



CCDF

CNG

For office use only	Date Received: _____
	Date Reviewed: _____

**This page is for Child Care Staff Only**

***The following documents are required to be submitted at the same time as the application.***

***Incomplete applications may cause a delay in processing.***

Date:	Initials:	Type of Documentation Requested:
		Completed Re-Certification Application
		Updated Proof of Residence Utility Bill (Water, Gas, Internet or Electric) or Rent/Lease Agreement
		Proof of Income/Training/Schooling <ul style="list-style-type: none"> <li>Most recent 30 days worth of pay stubs, child support, alimony, SSI/Disability, or any other income documents</li> <li>If newly employed we need a letter from your employer stating how many hours you work and your pay rate (you can request a letter of employment form from the childcare office for the new employer to fill out)</li> <li>If in training/school we need copy of school schedule (each period/semester)</li> </ul>

# Comanche Nation Child Care Programs-Subsidy Assistance

Section I - Primary Adult			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	County of Residency:	CDIB #	
Physical Address:			
City, State, Zip code		Mailing Address: ( If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			
Section II - Secondary Adult (Responsible Party)			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	County of Residency:	CDIB #	
Physical Address:			
City, State, Zip code		Mailing Address: ( If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			

## FAMILY INFORMATION

Family Size (number of persons) \_\_\_\_\_

	Name	DOB	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

## Comanche Nation Child Care Programs-Subsidy Assistance

### CHILDREN NEEDING CHILD CARE:

1<sup>st</sup> Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

4<sup>th</sup> Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

5<sup>th</sup> Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

### CHILD CARE CENTER INFORMATION:

Facility Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT:

Contact :			
Last Name:	First Name:	Middle IN:	Preferred Name:
Physical Address:			
City, State, Zip code		Relationship to Child	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			

# Comanche Nation Child Care Programs-Subsidy Assistance

## **READ CAREFULLY BEFORE SIGNING:**

1. I will abide by the rules and regulations of program (CCDF and CNG Funding) and I will pay all co-pays and additional fees on time & in full to the provider.
2. I understand I must notify the program office of any changes in household including pay rates, employment status, address/phone, email address, # of children, work/class schedules within **seven (7) days**.
3. I understand, if I am “terminated” from the program (CCDF and CNG) for any unfavorable reason any costs after the termination date that are incurred will be solely my responsibility. I understand, that if I re-apply any approvals will be at the sole discretion of the CCDF Administrator or the CCDF Co-Administrator.
4. By accepting my application for the program (CCDF and CNG) and meeting all eligibility requirements upon approval, the program (CCDF and CNG) agrees to furnish financial assistance for child care services limited to maximum allowances under the program (CCDF and CNG) guidelines.
5. This financial assistance will be granted during my approval period as long as I observe the rules mentioned above and maintain renewal/re-certification guidelines and all procedures.
6. I understand that to receive Special Needs and/or Foster Care Priority, I must submit a doctor’s statement and/or legal documents verifying that my child needs this type of care.
7. I understand that all child care time sheets must be signed and agreed upon by both the child care provider and parent. *Unsigned time sheets will not be processed for payment due to the provider.*
8. I will never sign a blank statement form. If the time sheet I sign is inaccurate, I understand the following month of service payment will either be increased or decreased to make payment current.
9. If I decide to change providers, I will notify the program for approval and that all balances owed to previous provider have been settled.
10. I understand that if any fraud is committed, I must repay the amount in question to the Comanche Nation Child Care Program and will be unable to participate in the program until the repayment is made.
11. I understand that all phone calls regarding child care cases must be from applicant, no information will be shared with relatives or providers. If I have a complaint about child care staff or providers, I will make this complaint in writing to the CCDF Administrator or CCDF Co-Administrator.
12. I understand that program file information may be shared with other CN departments for compiling demographic data.
13. A Parental complaint form is located on our website at [Child Care | Comanche Nation](#)
14. I understand that if notification is received from my provider that my child (ren) has/have not been in attendance for more than one calendar month you risk being removed from the program.

By my signature, I fully understand the terms under which I have applied for assistance with the program (CCDF and CNG). I authorize the Comanche Nation Child Care Staff permission to make any investigation to verify any answers I have given. I affirm under penalty of perjury that the child care application is complete and correct to the best of my knowledge and belief. I also understand that providing false information may result in termination of these benefits

By signing below, I agree to the following rules and regulations of the Comanche Nation Child Care Program.

---

APPLICANT’S SIGNATURE

---

DATE

---

Signature of Subsidy Program Office Staff

---

DATE



**Comanche Nation Child Care  
Program  
Letter of Employment**



**\*\*To be completed by employer\*\***

Please return this document to the Comanche Nation Child Care Program via email [childcare@comanchenation.com](mailto:childcare@comanchenation.com) or by fax 580-360-5546. If you have any questions regarding this document contact our office at 580-360-0688.

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

**Employment Verification**

Employee's Name: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Starting Wage: \_\_\_\_\_

Full-Time/Part-time: \_\_\_\_\_ Perm/Temp Status: \_\_\_\_\_

Date the employee expected to receive their first **FULL** paycheck: \_\_\_\_\_

How Often Paid: \_\_\_\_\_ # of Hours per Pay Period: \_\_\_\_\_  
(weekly, biweekly, monthly)

I affirm that the information regarding the applicant is accurate and true to the best of my knowledge. I understand that the information on this document is subject to screening in accordance with CCDF Program Rules.

\_\_\_\_\_  
Printed Name of Authorized Personnel

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Program Use Only: Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_**



# Rental Agreement and Lease

This rental agreement is made between:

\_\_\_\_\_ (Landlord) and

\_\_\_\_\_ (Tenant)

For the property on:

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State and zip code)

The lease is for one year starting on the \_\_\_ day of \_\_\_\_\_, 20\_\_ and is automatically renewed after one year for the amount of \$\_\_\_\_\_.00 a month, payable on the first.

\_\_\_\_\_ (Tenant) is responsible for the Electric , Gas and Telephone.

Snow removal, trash, and lawn care are provided by the Landlord.

\_\_\_\_\_ (Tenant) is responsible for insuring her personal property.

\_\_\_\_\_ (Tenant) agrees to use the premises for residential purposes only and not for illegal, immoral or hazardous purposes.

\_\_\_\_\_ (Tenant) may have/may not have animals, for an additional deposit of \$\_\_\_\_\_.

\_\_\_\_\_  
(Tenant)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Tenant)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Landlord)

\_\_\_\_\_  
(Phone)



# Comanche Nation Child Care Program

## Earned Income Worksheet

CCDF

CNG

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

Guardian: \_\_\_\_\_

Co-Guardian: \_\_\_\_\_

Check Stub: #1: \$ \_\_\_\_\_  
 #2: \$ \_\_\_\_\_  
 #3: \$ \_\_\_\_\_  
 #4: \$ \_\_\_\_\_

Check Stub: #1: \$ \_\_\_\_\_  
 #2: \$ \_\_\_\_\_  
 #3: \$ \_\_\_\_\_  
 #4: \$ \_\_\_\_\_

Monthly Income  
for Guardian: \$ \_\_\_\_\_

Monthly Income  
for Co-Guardian: \$ \_\_\_\_\_

**Gross Earned Income: \$** \_\_\_\_\_

Other Monthly Income:            SSI/Disability: \$ \_\_\_\_\_    Child Support: \$ \_\_\_\_\_    Other: \$ \_\_\_\_\_

**TOTAL OVERALL INCOME:**

\$ \_\_\_\_\_ Guardian  
 \$ \_\_\_\_\_ Co-Guardian  
 \$ \_\_\_\_\_ SSI/Disability/Child Support/Other  
 \$ \_\_\_\_\_ Gross Income from all sources  
 \$ ( \_\_\_\_\_ ) Job Related Expense Allowance (20% Income deduction per household)  
 \$ \_\_\_\_\_ Income for Eligibility

**Monthly Co-Payment: \$** \_\_\_\_\_

# of Adults \_\_\_\_\_      # of Children \_\_\_\_\_      Family Size Total: \_\_\_\_\_

\_\_\_\_\_  
Subsidy Program Staff      Date

\_\_\_\_\_  
Reviewing/Authorizing Signature      Date



**Comanche Nation Child Care**  
**Program**  
**Certificate of Approval**  
**Parent Agreement**



CCDF

CNG

The following child is eligible for assistance until the end date listed below or the re-certification date whichever comes first with the Child Care Program

Child's name	Date of Birth	CDIB/Tribal ID Number
Start Date: _____	Approved Provider Name & Address: _____	
End Date: _____	_____	
For Fiscal Year: _____	_____	

1. I understand that a co-payment is a dollar amount that I must pay to the child care provider each month for my family share and **NOTE:** If the selected provider charges more than the Comanche Nation Childcare program allowance then the guardian(s) are responsible for the balance owed  
**My co-payment is \$ \_\_\_\_\_ per month.**
2. I will notify the child care program in writing within **seven (7) days** in the event of any changes to my contact or living situation changes **such as address, telephone number, persons living in residence and employment/income status.**
3. If I decide to change providers, I will notify the Comanche Nation Child Care Program in **seven (7) days before** the change is made with the proper documentation signed by the original provider showing no balances is owed to them.
4. I understand that if my child's file is incomplete, I will be responsible for full payment for all child care services to be paid to the child care provider.
5. I understand that I will be required to recertify annually.  
**My Re-Certification date is \_\_\_\_\_**
6. I understand that if any fraud is committed, I must repay the amount in question to the Comanche Nation Child Care Program and will be unable to participate in the program until the repayment is made.
7. I understand that if I am approved under the **CNG Program**, there is a **maximum dollar amount** (per guidelines) that will be paid directly to the provider, and I will be responsible for any remaining balance not covered by the program.

<b>Applicant Parent/Guardian</b>	<b>Date</b>
<b>Subsidy Program Staff</b>	<b>Date</b>
<b>Reviewing/Authorizing Signature</b>	<b>Date</b>

## Licensed Provider's Checklist

**The following documents are required to be submitted at the same time as the application.**

**This page is for Subsidy Program Staff use only**

---

<input type="checkbox"/>	Provider's Registration (page 1 of 6)
<input type="checkbox"/>	Waiver of Additional Insurance (page 2 of 6)
<input type="checkbox"/>	Child Care Provider Agreement (pages 3-6)
<input type="checkbox"/>	Copy of Child Care License
<input type="checkbox"/>	Attached W-9 Form
<input type="checkbox"/>	Attached Signed Billing Guidelines
<input type="checkbox"/>	Copies to each child's file
<input type="checkbox"/>	Copy to monitoring specialist
<input type="checkbox"/>	Approval Letter sent to provider

### NOTES TO PROVIDER:

- Page 2 must be signed even if you provide additional insurance. This page simply states that you waive your right—whether now or in the future—to obtain additional insurance if you choose.

Comanche Nation Child Care Subsidy Program

**Licensed Provider's Registration**

Name of Facility: \_\_\_\_\_

Contact person at Facility: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Facility Type (please check one):**

Licensed Child Care Center: \_\_\_\_\_

Licensed Home Provider: \_\_\_\_\_

License number: \_\_\_\_\_

Capacity: \_\_\_\_\_

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

Star Rating: \_\_\_\_\_

Send a copy of your  
License.

I hereby consent to any authorized representative of the Comanche Nation to obtain information from any and all records that may be needed to determine my eligibility as a Child Care Provider for the Comanche Nation Child Care Program. I will attach a copy of my Child Care License with this Provider Registration form.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Subsidy Program Office Staff

\_\_\_\_\_  
Date

Comanche Nation Child Care Subsidy Program

**WAIVER OF ADDITIONAL INSURANCE**

I, \_\_\_\_\_ as the provider for (list children names)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

hereby waive my right to obtain additional homeowner’s and vehicle insurance. I realize that by waiving my right as a provider to obtain additional coverage, I will not hold the Comanche Nation Child Care Program, the Comanche Nation of Oklahoma and all of its entities liable for any accidents, injuries, or mishaps that may happen while the child(ren) are in my care. By signing this document, I hereby release the Comanche Nation Child Care Program, the Comanche Nation of Oklahoma, and all its entities from all liability for loss or injury in association with my services as a child care provider. However, this does not release me of liability due to child abuse.

The above waiver statement is acknowledged and agreed to by the guardian and by the staff of the Child Care Program.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Subsidy Program Office Staff

\_\_\_\_\_  
Date

**INDIVIDUAL ACKNOWLEDGEMENT**

Subscribed and Sworn by me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My commission number: \_\_\_\_\_ expires the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Comanche Nation Child Care Subsidy Program

**CHILD CARE PROVIDER'S AGREEMENT**

**PART ONE**

THIS AGREEMENT: entered into effect on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by and between

the Comanche Nation Child Care Program, P.O. Box 908, Lawton, OK 73502, hereinafter referred to as "Program",

and \_\_\_\_\_ (Facility/Provider Name)

a (check one) Licensed In-Home Child Care \_\_\_\_ or Licensed Center Based Child Care \_\_\_\_

which is located at: \_\_\_\_\_

Street Address

City, State & Zip

hereinafter referred to as "Provider" in this agreement set forth herein, it is mutually agreed as follows:

**PART TWO**

THIS AGREEMENT is to be in effect until such a time that services rendered have been fulfilled or a new agreement has taken effect

X\_\_\_\_\_ initial here

**PART THREE**

IT IS AGREED AND UNDERSTOOD that Child Care services are provided to the following child(ren) only:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IT IS FURTHER UNDERSTOOD AND AGREED that no services authorized under this contract will be subcontracted by provider to any other person or entity without prior written approval by the Program.

X\_\_\_\_\_ initial here

**PART FOUR**

IT IS AGREED AND UNDERSTOOD that the Program will pay for services rendered by Provider pursuant to this agreement only

- a. for the agreed upon child(ren)
- b. upon receipt an approved and signed/verified monthly timesheet.

Payment for authorized services will not exceed the Program agreed payment rates schedules with the Comanche Nation Child Care Program (refer to attached billing guidelines).

## Comanche Nation Child Care Subsidy Program

X \_\_\_\_\_ initial here

IT IS FURTHER AGREED AND UNDERSTOOD by Provider that in the event of an overpayment by the Program to the Provider, the Program has the authority to

- a. withhold the full amount of overpayment from the next month's payment
- b. accept a mutually agreeable written re-payment plan
- c. seek collection by ligation

X \_\_\_\_\_ initial here

IT IS AGREED AND UNDERSTOOD that the Provider agrees to provide unlimited access of the facility/home to the parent/guardian and the Program personnel. Access must be granted during normal hours of operation in order that the child maybe observed in the care setting.

X \_\_\_\_\_ initial here

IT IS AGREED AND UNDERSTOOD that the Provider agrees to an initial visit & a minimum of 2 annual visits by our monitoring specialist which includes

- a. 1 unannounced visit
- b. 1 or more scheduled visits

Failure to comply with monitoring visits could result in termination from the program

X \_\_\_\_\_ initial here

### PART FIVE

IT IS AGREED AND UNDERSTOOD that the Program will determine eligibility and give written authorization to the Provider for all services.

X \_\_\_\_\_ initial here

IT IS FURTHER AGREED that the Provider will not include any child(ren) on billing without prior letter of approval by the Program.

X \_\_\_\_\_ initial here

IT IS FURTHER AGREED AND UNDERSTOOD that any Provider have the right to a fair hearing in cases of denial or termination agreement herein.

X \_\_\_\_\_ initial here

## Comanche Nation Child Care Subsidy Program

### **PART SIX**

IT IS AGREED AND UNDERSTOOD that Provider must meet and maintain all Tribal, State and Federal standards applicable to the authorized services being provided pursuant to this Agreement and Provider hereby acknowledges full awareness of such standards.

X \_\_\_\_\_ initial here

IT IS FURTHER AGREED AND UNDERSTOOD that prior to approval of this agreement, Provider will, disclose to the Program the name of any persons who has an ownership or controls an interest in or is an agent/managing employee of Provider that has been convicted of criminal offense related to such person's involvement in any program under Title XVIII, XIX or XX of any Social Security Act.

X \_\_\_\_\_ initial here

### **PART SEVEN**

PROVIDER AGREES to develop and maintain written records of children under this Agreement. All records shall be retained for a period of seven years including timesheets.

X \_\_\_\_\_ initial here

PROVIDER FURTHER AGREES AND UNDERSTANDS that all such business records shall be made available and accessible to the Program at any time with or without notice, for the purpose of inspecting, monitoring, and evaluating.

X \_\_\_\_\_ initial here

### **PART EIGHT**

IT IS AGREED that any Provider who resides, or has a principal place of business in Indian Country, as defined in 18 USC 151, will be subject to the C.F.R. Court of Indian Offenses or the Comanche Nation Court as the court of competent jurisdiction.

X \_\_\_\_\_ initial here

### **PART NINE**

IT IS AGREED AND UNDERSTOOD that this Agreement may be canceled

- a. By either party with mutual consent, without cause by giving a thirty (30) day written notice of intent to cancel to the other party
- b. Or by another party (parent/guardian) with cause by giving a seven (7) day written notice of intent to cancel the other parties.
- c. By either party without written notice if the parties default on terms of agreement with cause. The term "with cause" is hereby defined as failure to meet the terms of the Agreement as set forth herein or incorporated herein, as through fully set out, by reference thereto.

Comanche Nation Child Care Subsidy Program

X \_\_\_\_\_ initial here

**PART TEN**

FOR the faithful performance of the terms of this Agreement, the parties hereto in their respective capacities as stated affix their signature below.

\_\_\_\_\_  
Provider or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Subsidy Program Office Staff

\_\_\_\_\_  
Date

**INDIVIDUAL ACKNOWLEDGEMENT**

Subscribed and Sworn by me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My commission number: \_\_\_\_\_ expires the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

# Comanche Nation Child Care Program

Timesheet Calculator

Month & Year: \_\_\_\_\_

DHS Star Rating (if licensed): \_\_\_\_\_

Provider/Center Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Age: 0years0Months

Guardian: \_\_\_\_\_

Date	IN	OUT	IN	OUT	TOTAL
1					0:00
2					0:00
3					0:00
4					0:00
5					0:00
6					0:00
7					0:00
8					0:00
9					0:00
10					0:00
11					0:00
12					0:00
13					0:00
14					0:00
15					0:00

FT Rate \_\_\_\_\_ x # Days \_\_\_\_\_ FT Total \$0.00

PT Rate \_\_\_\_\_ x # Days \_\_\_\_\_ PT Total \$0.00

Subtotal \$0.00

Amount Due: \$0.00

Date	IN	OUT	IN	OUT	TOTAL
16					0:00
17					0:00
18					0:00
19					0:00
20					0:00
21					0:00
22					0:00
23					0:00
24					0:00
25					0:00
26					0:00
27					0:00
28					0:00
29					0:00
30					0:00
31					0:00

Co-Pay \$0.00

Total: 0.00

**\*\*Must be totaled by provider to be accepted**

Guardian Signature \_\_\_\_\_

Provider Signature \_\_\_\_\_

**For Office Use Only:** Date Completed Timesheet Received \_\_\_\_\_ Total Amount Pmt approved for \_\_\_\_\_

Date Timesheet was Entered for Pmt \_\_\_\_\_ Funding Used (circle) CCDF \_\_\_\_\_ CNG (\$1,500.00 max payment)

## COMANCHE NATION ENRICHMENT & ECDC FUND PROGRAM

Household Monthly Gross Income will be reduced with a job related expense deduction of 20%

Co-pay is a calculation of a flat 5% of the reduced gross monthly household income

Family Size	100% FPG Low Income	Monthly FPG Low	Co-pay %
1*	\$15,060.00	\$1,255.00	5%
2	\$20,440.00	\$1,703.33	5%
3	\$25,820.00	\$2,151.67	5%
4	\$31,200.00	\$2,600.00	5%
5	\$36,580.00	\$3,048.33	5%
6	\$41,960.00	\$3,496.67	5%
7	\$47,340.00	\$3,945.00	5%
8 or more	\$52,720.00	\$4,393.33	5%

If gross income before 20% deduction is equal to or less than FPG then the co-pay will be zero

Sources of FPG are <https://liheapch.acf.hhs.gov/profiles/povertytables/FY2025/popstate.htm>

\*A family size of one consists of a single child receiving benefits when the adults in the home are not considered part of the household for income consideration (ie. foster care)



## Parental Complaint Form

Please return this document to the Comanche Nation Child Care Program via regular mail, by email [CCDFAdmin@comanchenation.com](mailto:CCDFAdmin@comanchenation.com), or you can deliver it to the CCDF office. If you have any questions regarding this document contact our office at 580-360-0688.

Comanche Nation Child Care Program strives to provide quality services to our tribal families. We value input and participation from our community. However, if you find dissatisfaction with our services it is the right of any person(s) involved in the welfare of the children in our program to submit a confidential complaint.

- ✚ The complaints are reviewed by the Complaint Liaison/Investigator and forwarded to the program director within 2 business days of receipt. All complaints are investigated immediately and completed by the end of the 10<sup>th</sup> business day (within reason).
- ✚ Investigations include but are not limited to observations and interviews with staff, parents & other witnesses. An investigation could also result in a monitoring visit with the care provider if deemed necessary.
- ✚ All complaints are kept **confidential**. They are retained in a secure filing cabinet and are made available upon written request (no personal information is released). All complaints are logged using an Excel spreadsheet and updated by the Complaint Liaison/Investigator listing dates, times, results, reports & findings.

## Incident Information

Today's Date: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Application Received on: \_\_\_\_\_

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

**Numu Turetuu Early Childhood Development Center**  
*4 Star DHS Licensed & Tribally Operated Facility*  
 206 SW 8<sup>th</sup> St.  
 Lawton, OK 73501  
**Phone:** (580) 360.0519  
**Email:** lawtonecdc@comanchenation.com  
**Hours of Operation:**  
 Monday - Friday  
 7:00am to 5:30pm  
**Age of Acceptance:**  
 6 weeks to 10 years old  
**Payment Accepted:**  
 DHS, Tribal Subsidy, Private Pay  
**Site Director:** Angela Passi

**Onáa Kahni Childcare Center**  
 (Tribal Complex)  
*Tribally Operated Facility*  
 584 NW Bingo Rd.  
 Lawton, OK 73507  
**Phone:** (580) 360.0620  
**Email:** onaa.kahni@comanchenation.com  
**Hours of Operation:**  
 Monday - Friday  
 7:00am to 5:30pm  
**Age of Acceptance:**  
 1 yr. - Preschool Age (*call for more info*)  
**Payment Accepted:**  
 Tribal Subsidy, Private Pay  
**Site Director:** DeAndrea "Robin" Hughes

**Please select which Program you are applying for:**

Numu-Turetuu ECDC  
 Lawton, OK

Onáa Kahni  
 Comanche Nation Headquarters

<p><b>Numu Turetuu ECDC:</b></p> <ul style="list-style-type: none"> <li>➤ Accepts children ages 6 weeks to 10 years old</li> <li>➤ Accepts Tribal Subsidy, DHS and Private Pay</li> <li>➤ Open year-round</li> <li>➤ School transportation for certain schools (<i>Please speak with Site Director</i>)</li> </ul>	<p><b>Onáa Kahni:</b></p> <ul style="list-style-type: none"> <li>➤ Accepts children ages 6 weeks to Preschool Age (<i>call for info</i>) (<i>Please speak with Site Director</i>)</li> <li>➤ <u>Accepts Tribal Subsidy and Private Pay</u></li> <li>➤ Open year-round</li> </ul>
--	--

**Our Programs require full-time (3 or more days per week) attendance.**

Please select the days and specify the times in which childcare will be needed:

<input type="checkbox"/> Monday _____	<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Wednesday _____	<input type="checkbox"/> Thursday _____	<input type="checkbox"/> Friday _____
--	---	---	--	--

**The following documentation will be required after your child has been enrolled in to our program:**

<input type="checkbox"/> Copy of child's official birth certificate	<input type="checkbox"/> <u>Color copy</u> of guardian(s) DL or other form of ID
<input type="checkbox"/> Child's current immunization record	<input type="checkbox"/> ( <i>If applicable</i> ) Copy of tribal membership card/letter for child and guardian(s)

**Have you reviewed the ECDC Family Handbook found on the website to ensure our Programs are a right fit for your family's needs and requirements?**  Yes  No

Child Information		
Child's Full Name:	Child's Preferred Name:	Primary language spoken at home:
Date of Birth:	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
Tribal Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list tribe:	Tribal ID No:
School Transportation		
<b>Numu Turetuu-ECDC only:</b>		If so, what school:
Will your child need school transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>A signed School Transportation Authorization and Agreement form will be required.</i>		

### Special Needs

Does your child have an IEP or IFSP?  Yes (please submit a copy)  No

If your child has an IEP or IFSP, a meeting with the family will be scheduled with the Site Director and the classroom Teachers before the child can start in our program.

Does your child have any special needs or a handicap condition?  Yes  No

If yes, please describe:

Children with a handicap condition will only be accepted if care accommodations can be met and maintained. A signed physician's statement will be required, along with a *Child Medical Health Plan* form.

### Medical History

Does your child have any medical problems?

Yes  No

Does your child take long-term medications?

Yes  No

If yes to either, please give details:

A signed physician's statement will be required, along with a *Child Medical Health Plan* form. *Asthmas Plan* required for children with asthmas.

Does your child have any allergies (include all)?

Yes  No

Does your child have any special dietary requirements?

Yes  No

If yes to either, please give details:

A signed physician's statement will be required, along with a *Child Medical Health Plan* form. A full list of food allergies must be on file.

### Family Information

1. Parent/Guardian Name:

Relationship to Child:

Home Address:

Primary Contact Number:

Email:

Employer and/or School Name:

Contact Number:

(If applicable) Tribal Affiliation:

2. Parent/Guardian Name:

Relationship to Child:

Home Address:

Primary Contact Number:

Email:

Employer and/or School Name:

Contact Number:

(If applicable) Tribal Affiliation:

### Child Living Situation

Who does the child primarily live with?

Is there a custody order in place?

Yes  No

Are there any contact restrictions we need to be aware of?

Yes  No

If yes, provide custody details:

If yes, provide restriction details:

If there is a custody order or restraining order in place, please provide a copy to the Site Director.

Other Household Members	
Name	Relationship to Child

Emergency Contacts		
An Emergency Contact form will be kept on file. Please keep emergency contacts up-to-date.		
Name	Relationship to Child	Contact Number
1.		
2.		
3.		

Childcare Services		
Previous Childcare Facilities:	Contact Number:	Reason for exiting:
How will services be paid for:		
<input type="checkbox"/> Tribal Subsidy	<input type="checkbox"/> OKDHS	<input type="checkbox"/> Private Pay
Specify which tribal subsidy:		

In Case of Emergency	
Preferred Medical Institution:	Physician Name:
Address:	Contact Number:

Parent/Guardian Agreement
<p>I have completed all portions of the ECDC program application. I understand that my application will not be accepted if it is incomplete.</p> <p>Children are accepted into our program based on availability. We follow Oklahoma Department of Human Services (OKDHS) regulations regarding <i>Staff to Child Ratios</i>. If we are at full-capacity, your child will be placed on the program's <i>Waiting List</i> after a <u>completed</u> ECDC program application has been received. Once a spot becomes available, the Site Director will begin contacting families on the <i>Waiting List</i>.</p> <p>If we cannot contact you, or receive a call-back within two (2) weeks of contact, your child's application will be removed from the <i>Waiting List</i>.</p>

Guardian Printed Name: _____
Guardian Signature: _____ Date: _____



# Family Orientation Checklist



- Tour the center and meet the staff.

---

- Visit the classroom and see where your child(ren)'s cubby is.

---

- Visit with your child(ren)'s teachers to discuss classroom routine and expectations.

---

- Child(ren) is invited to play in the classroom with peers and teachers.

---

- Review the ECDC Family Handbook and program routine.

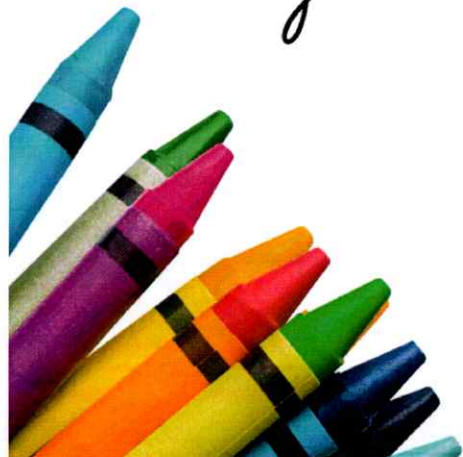
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- Complete "Welcome Packet"

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"You're off to great places, today is  
your day! Your mountain is waiting,  
so get on your way!"

-Dr. Seuss





# Welcome Packet Checklist

- Completed Childcare Application
  - Family Orientation Checklist
  - ECDC Family Handbook
  - OKDHS Child Information Form
  - Emergency Preparedness Plan
  - Transition Plan
  - Center Schedule
  - Classroom Schedule
  - Meet the Teacher Info
  - Meet the Family Info Sheet
  - Pick-up Authorization
  - Emergency Contact Form
  - Payment Agreement
  - Emergency Medical Treatment Authorization
  - Administration Authorization
  - Illness Policy and Exclusion Agreement
  - Developmental Screening Authorization
  - Transportation Authorization and Waiver
  - Photo/Video Release & Facebook Notice
  - Facebook Invite
- \*If needed
- Infant Formula and Food Information Sheet
  - Safe Sleep Swaddle Authorization
  - School Children Policy and Agreement Form
  - Child Medical Health Plan Form





# Family Handbook

## Numu Turettu Early Childhood Development Center

(Lawton ECDC)

4 Star DHS Licensed & Tribally Operated Facility

206 SW 8<sup>th</sup> St.

Lawton, OK 73501

Phone: (580) 360.0519

Email: lawtonecdc@comanchenation.com

### Hours of Operation:

Monday - Friday

7:00am to 5:30pm

### Age of Acceptance:

6 weeks to 10 years old

### Payment Accepted:

DHS, Tribal Subsidy, Private Pay

Site Director: Angela Passi



## Onáa Kahni Childcare Center

(Tribal Complex)

Tribally Operated Facility

584 NW Bingo Rd.

Lawton, OK 73507

Phone: (580) 360.0620

Email: onaa.kahni@comanchenation.com

### Hours of Operation:

Monday - Friday

7:00am to 5:30pm

### Age of Acceptance:

6 weeks - Preschool Age (call for more info)

### Payment Accepted:

Tribal Subsidy, Private Pay

Site Director: DeAndrea "Robin" Hughes

## Mission Statement

The Comanche Nation Early Childhood Development Centers are here to provide quality services through partnerships with families, providers, and the community while nurturing the development of the whole child and supporting cultural and family values.

## Welcome Packet

Upon acceptance into our program, each family will receive a [Welcome Packet](#). This packet will include the following:

- ✓ ECDC Family Handbook
- ✓ OKDHS Child Information Form (excludes Onáa Kahni)
- ✓ Emergency Preparedness Plan
- ✓ Transition Plan
- ✓ Center Schedule & Classroom Schedule
- ✓ Meet the Teacher & Meet the Family Info Sheet
- ✓ Pick-Up Authorization Form
- ✓ Emergency Contact Form
- ✓ Emergency Medical Treatment Authorization
- ✓ Administration Authorization
- ✓ Developmental Screening Authorization
- ✓ Transportation Authorization and Waiver
- ✓ Illness Policy and Exclusion Agreement
- ✓ Payment Agreement
- ✓ Photo/Video Release & Facebook Notice
- ✓ Facebook Invite
- ✓ *If needed: Infant Formula and Food Information Form*
- ✓ *If needed: Safe Sleep Swaddle Authorization*
- ✓ *If needed: School Age Policy and Agreement Form*
- ✓ *If needed: Child Medical Health Plan Form*

## Procure Policy



The Procure app is our primary source of communication. It is required that all families download the Procure app on their phone to stay updated with information regarding your child. Legal guardians must have a valid current email address to sign up. Please update email addresses as soon as possible if there are any changes. Families will be required to sign children in and out on the Procure tablet daily.

## Information Available to Families

The following information is made available to Families:

- ✓ Compliance File (*excludes Onáa Kahni*)
- ✓ OKDHS Regulations (*excludes Onáa Kahni*)
- ✓ QRIS - Reaching for the Stars (*excludes Onáa Kahni*)
- ✓ ECDC Family Handbook
- ✓ Tribal Subsidy (Childcare Assistance) Applications
- ✓ Weekly Menu
- ✓ Activity Calendar
- ✓ Evacuation Plans
- ✓ Tornado/Fire Drill Logs
- ✓ Calendar Closures
- ✓ Community Resources
- ✓ *Ntmt Ttrettt*: School Transportation Schedule

## Discrimination Policy

We do not discriminate on the basis of race, ethnicity, national origin, religion, culture, sexual orientation, gender or identity, or handicap condition.

However, if a child's handicap condition requires special therapy and care needed by a trained specialist, we cannot accept the child due to not being able to meet his or her daily care and safety needs.

## Enrollment Requirements

**Completed Childcare Application** (*items below are needed after child is accepted into our program*)

- Copy of official Birth Certificate
- Current Immunization Record
- Color copy of Guardian(s) DL or other form of ID
- *If applicable*: Color copy of Tribal Membership card for child and guardian(s)
- Completed Welcome Packet
- *If applicable*: Copy of child's Medical Insurance Card
- *Children with asthmas*: Copy of Asthmas Plan
- *Children with allergies*: Allergy Documentation from Physician (food, skin, medication, insect bites, seasonal, etc.) A full list of all food allergies must be on file.
- *If applicable*: Copy of child's IEP or IFSP  
If your child has an IEP or IFSP, a meeting will be scheduled with the Site Director, the classroom Teachers, and the child's family.

- Children are enrolled based on space availability. *We follow OKDHS regulations regarding Staff to Child Ratios.*
- Full time enrollment of at least three (3) or more days per week is mandatory to maintain a spot in our program. Children who need full time care of five (5) days per week will have priority.
- If we have no availability, your child will be placed on the center's *Waiting List* after a completed childcare application has been received. Once a spot becomes available, the Site Director will begin contacting families on the *Waiting List*.
- If we cannot contact you or receive a call-back within two (2) weeks of contact, your child's application will be removed from the *Waiting List*.
- *We cannot reserve a spot for your child even if you have a child already enrolled in our program.*

## Calendar Closures

We recognize the following holidays and closures:

- New Year's Holiday (*sometimes multiple days depending on calendar schedule*)
- Martin Luther King Jr Day
- Presidents' Day
- *Early Closure Thursday before Good Friday*
- Good Friday
- Oklahoma Native American Youth Language Fair (first Monday in April)
- Teacher Appreciation Empowerment Day (Friday of the first full week of May)
- Memorial Day
- Juneteenth
- Independence Day Holiday (*sometimes multiple days depending on calendar schedule*)
- Comanche Chief's Day (Friday of Comanche Homecoming Celebration)
- Labor Day
- *Early Closure 12:00pm on the Friday of Comanche Nation Fair*
- *Monday after Comanche Nation Fair*
- Indigenous Peoples' Day
- Veteran's Day
- Thanksgiving Day
- Comanche Constitution Day (Day after Thanksgiving)
- *Early Closure for Annual Family Holiday Event (Date TBD every year)*
- Christmas Holiday (*sometimes multiple days depending on calendar schedule*)

Families will be given a copy of calendar closures scheduled for each year. Reminders of closures will be posted on the Procure app and on the center's [Facebook group](#). (*Refer to section on Private Facebook Group*)

**\*IMPORTANT NOTICE\*** We will also be closed when given orders from the Tribal Administrator or Comanche Business Committee.

## Child-led Curriculum and Learning Philosophy

Our child-led curriculum is centered around the principle that children learn most effectively when they are engaged in experiences that are meaningful and relatable to their own lives.

It is based on a variety of developmentally appropriate learning activities that promote the 7 major areas of development:

1. Communication and language development
2. Physical development
3. Personal, social, and emotional development
4. Literacy development
5. Mathematics
6. Understanding the world
7. Expressive arts and design



### ! Oklahoma Early Learning Guidelines (ELGs)

The Early Learning Guidelines provide guidance to Teachers with regard to what children should know and be able to do in order to experience school success. ELGs provide examples of activities that can be used to develop curriculum. The guidelines reflect current research on growth and stages of development, appropriate program planning, learning outcomes for children, and best practices in early education.

The guidelines are designed to align with the Oklahoma Priority Academic Student Skills (PASS) and Head Start Performance Standards and to promote early learning experiences that lead to children's success.

### ! Comanche Language and Culture

We begin introducing the Comanche language and implementing cultural practices and activities in our classrooms.

### ! Developmental Screenings

Development Screening is early identification of children at risk for cognitive, motor, communication, or social-emotional delays. These are delays that may interfere with expected growth, learning, and development and may warrant further diagnosis, assessment and evaluation. We require [Developmental Screening Authorization Forms](#) to be signed by a guardian at the time of enrollment.

#### Types of Screenings:

- ASQs (Ages and Stages Questionnaires: Social-Emotional): Developed to help early childhood programs accurately screen and assess infants and young children to determine who would benefit from an in-depth evaluation in the area of social-emotional development.
- Vision
- Dental
- Speech

#### Referrals, Release and Privacy:

We may give referrals as needed, based on assessments and evaluations. If a referral is necessary or requested, a [Referral Evaluation Form](#) will be required, along with authorization to release information.

Neither the Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers, shall be responsible for any fees or expenses related to referral services. It is the sole responsibility of the primary guardian to cover all expenses related to referral services.

### ! Outdoor Adventurous Play and Appropriate Physical Risk-Taking

OKDHS requires that daily outdoor play is ensured for each child regardless of age, unless the child's health or safety is at risk, based on guardian-provided written information. (Refer to p. 51 in the OKDHS Licensing Requirements)

We do not take children outdoors when the temperature is at **95°F or above; and 35°F or below (considering windchill)**. Please ensure children wear weather-appropriate clothing during each season.

If your child has an upper respiratory infection, they should avoid attending the center until they feel better and are symptom free (refer to our [Illness Policy](#)). If your child has asthma, we must have an [Asthmas Plan](#) on file, as well as a [Child Medical Health Plan](#) form. These are required to be signed by a physician.

While we believe that experiences with appropriate risks are necessary, your child's safety and well-being are our greatest concerns. Staff are trained in the supervision and support of this vigorous, challenging play. Our outdoor and indoor environments have safe surfaces to reduce the risk of injury during adventurous play. Consider dressing your child in clothes that are durable and can get wet and dirty.

## Rates for Service

Effective May 1, 2023

Child's Age	FT Daily	FT Weekly	PT Daily (4hrs or less)	PT Weekly
0-12 mo. (Infant - 1yr)	\$50.60	\$253.00	\$30.40	\$152.00
13-24 mo. (1yr - 2yrs)	\$48.10	\$240.50	\$29.00	\$145.00
25-48 mo. (2yrs - 4yrs)	\$41.30	\$206.50	\$25.20	\$126.00
49-72 mo. (4yrs - 6yrs)	\$29.00	\$145.00	\$18.50	\$92.50
73 mo. -12yrs (6yrs)	\$23.80	\$119.00	\$14.70	\$73.50

## Payment for Services

*Payment Agreements* are required to be signed prior to your child starting in our program.

### ❖ Payments/Co-Payments:

- Billing will be complete by the 7<sup>th</sup> of every month.
- **Tribal Subsidy Clients:** Timesheets must be signed by the 10th of every month or you will be responsible for full payment of services.
- **ALL Payments/Co-payments are due by the 15<sup>th</sup> of every month.**
- Payments not received by the due date will receive a **\$30 late fee.**
  - ! Only one (1) late payment per family may be arranged every 6 months. Arrangements must be agreed upon and approved by the CCDF Administrator **prior to the due date.** No more than (2) payment arrangements made per year will be granted.
- **The entire balance (including late fee) must be PAID IN FULL by the next billing due date (15<sup>th</sup> of every month) or your child(ren) will be dropped from the program. Balances cannot carry over for more than 30 days.**
- If services are terminated for failure to pay, the account must be brought to a \$0 balance before you can reapply to the program.
  - ! Please note that your child(ren) will not get to re-enter the program immediately. Your child(ren) will be placed on the waiting list (if any).

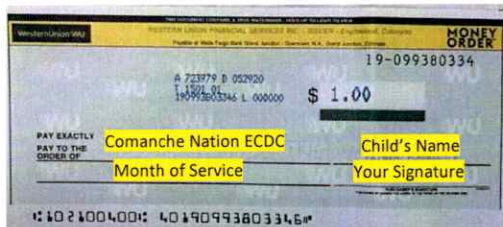
❖ All payments must be made on the *Procure App*, or by cashier's check or money order only. No cash payments or personal checks will be accepted.

❖ All transactions and payments received will be posted on your next statement and are viewable on the Procure app.

❖ Payments in the forms of money order or cashier's check must be made at the center your child attends.

- Make money order or cashier's check payable to:

*Comanche Nation ECDC*



- Write the child(ren)'s name legibly on the memo line on the money order/cashier's check so that proper credit will be given to your account.

- Payments can be placed into the *Payment Drop Box*. Payments can also be given to the Site Director or the person next in charge.

## Technology Fee Policy

There will be an annual Technology Fee in the amount of \$40 per family assessed and due every November 15<sup>th</sup>. **Failure to pay by the due date will result in a \$10 late fee.** This fee will assist in the cost of software expenses and Procure payment system fees.

## Tribal Subsidy and OKDHS Families

Guardians are solely responsible for maintaining their subsidy/OKDHS status in good standing prior to their child's enrollment in our program. Families are required to notify tribal subsidy/OKDHS with a minimum of seven (7) days' notice to inquire about the necessary documentation required for approval. **This also pertains to annual recertification.** We will not permit a child to begin or maintain enrollment in our program until an approval letter has been received by tribal subsidy/OKDHS. **Families will have financial responsibility for all days of child care services provided that are not covered by tribal subsidy/OKDHS.**

- **OKDHS ECC Connect** (*Namtu Taretuu and Apache ECDC only*)

All families receiving OKDHS assistance will need to download the [OKDHS ECC Connect App](#) to swipe their child in and out daily. Please contact OKDHS for assistance. You are allowed to back-swipe for up to 10 days. **Families will have financial responsibility for all days of child care services provided that are not covered by OKDHS.**

## ECDC Late Pick-Up Fee Policy

Updated December 2025

❖ **Green zone:** From 5:45 – 6:00pm = **\$30 per family**

❖ **Yellow zone:** From 6:01 – 6:15pm = **\$40.00 per family**

❖ **Red Zone:** From 6:16 – 6:30pm = **\$50 per family**

One late fee in the RED ZONE may result in termination from the center.

❖ **Black Zone:** After 6:30pm = **Immediate termination**

Please respect our staff and their time to spend with their families by ensuring children are picked up promptly by the time the center closes at 5:30pm.

- Guardians must notify the center as soon as possible if there's a possibility of a late pick-up. However, this does not waive the late pick-up fee.
- Late pick-up fees begin at 5:45pm. Late pick-up fees will also apply when the center closes early. For example, if the center closes at 3:00pm, late pick-up fees will begin at 3:15pm.
- **Excessive lateness under any circumstance of three (3) times within 30 days will result in termination of services. Any time after 5:30pm is considered late, even if a late fee is not assessed.**
- **Fees must be paid by money order or cashier's check at drop-off the following day or your child(ren) will not be permitted to stay. No exceptions.**
- Waived fees will be determined by the CCDF Administrator. Circumstances considered are *medical or family emergencies, or other unforeseen situations.*

*Comanche Nation employees only:* If a tribal employee is required to work late due to an unforeseen situation that may arise, a phone call, written notice or email must be received the same day from the Tribal Administrator or Program Director in order for the late pick-up fee to be waived. **However, any time in the Black Zone will still result in immediate termination - no exceptions.**

- OKDHS and law enforcement may be notified if any child is not picked up in a timely manner and the center cannot contact the guardians.

## Attendance

Full time enrollment of at least three (3) or more days per week with at least four (4) hours and one (1) minute per day is required to maintain a spot in our program. Excessive absences of three (3) consecutive days without notification will result in termination. Guardians must notify the center as soon as possible for any absence.

- **School Children**

- **In-School Time:** Required full-time attendance of at least three (3) or more days per week in before/after school care.

It is important that families maintain communication with the Site Director and your child's teachers. Your childcare spot will be held for a maximum of two (2) weeks if there is a break in services due to illness, loss of employment or a family circumstance (including family vacation time or maternity/paternity leave).

## Continuity of Care

We practice *Continuity of Care*. Children will remain with their assigned classroom teaching staff throughout the majority of the day, and are not regularly assigned to another group. This approach increases the amount of time caregivers and children spend together and therefore increases the opportunity for caregivers to develop more meaningful relationships with the children over time.

## DHS Childcare Staff to Child Ratios

AGE	STAFF TO CHILD	MAX GROUP SIZE
0-11 MONTHS	1 to <b>4</b>	8
12-23 MONTHS	1 to <b>6</b>	12
2 YEAR OLDS	1 to <b>8</b>	16
3 YEAR OLDS	1 to <b>12</b>	24
4 YEAR OLDS	1 to <b>15</b>	30
5 YEARS AND OLDER	1 to <b>20</b>	40
MIXED 0-35 MONTHS (Infant - 2yrs)	1 to <b>6</b> <b>YOU CAN HAVE 6 WITH NO MORE THAN 2 UNDER 1 YEAR OLD</b>	12
1-YEAR-OLDS AND OLDER	1 to <b>8</b> <b>YOU CAN HAVE 8 WITH NO MORE THAN 2 UNDER 2 YEARS OLD</b>	16
2-YEAR-OLDS AND OLDER	1 to <b>12</b> <b>YOU CAN HAVE 12 WITH NO MORE THAN 4 TWO-YEAR-OLDS</b>	24
3-YEAR-OLDS AND OLDER	1 to <b>15</b> <b>YOU CAN HAVE 15 WITH NO MORE THAN 6 THREE-YEAR OLDS</b>	30
4-YEAR-OLDS AND OLDER	1 to <b>18</b> <b>YOU CAN HAVE 18 WITH NO MORE THAN 8 FOUR-YEAR OLDS</b>	36

- We are required to follow OKDHS Staff to Child Ratios at all times.
- In a situation where we are short staffed due to illness, or staff personal emergencies, we will notify families as soon as possible of limited care for the day. We apologize in advance for the inconvenience.
- **It is important that children arrive on time when a field trip is scheduled.**  
Unless prior arrangements have been made with the Site Director, children who will not be attending a field trip must find alternate care for the day. If your child arrives late for a field trip departure, your child will not be allowed to stay and you will need to find alternate care for the day.

## Supplies Needed

Each classroom will provide you with a supply list of items that will stay at the center. All items must be labeled with child's name. Supplies can include (*varies by age group*):

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Diapers/pull ups; and wipes</li> <li><input type="checkbox"/> <i>Infants only</i> - Bottles (at least 2 to stay at the center); sippy cup; pacifier; teething soothers (teething rings, etc.)<br/><i>*Administration Authorization must be in child's file for Orajel</i></li> <li><input type="checkbox"/> Formula/breastmilk (<i>labeled and dated</i>)<br/><i>*Breastmilk must be in a spill-proof container</i></li> <li><input type="checkbox"/> <i>If needed</i> - Sensitive skin ointment/diaper cream (Aquaphor, Eucerin, etc.)<br/><i>*Administration Authorization must be in child's file</i></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 Sets of extra clothes; shoes; well-fitted jacket/coat</li> <li><input type="checkbox"/> Suitable sized blanket (<i>No pillows allowed</i>)</li> <li><input type="checkbox"/> Water Play Items: clothes, shoes (<i>no flip flops</i>), swim diapers; towel</li> <li><input type="checkbox"/> Outdoor Items: sunscreen; insect repellent<br/><i>*Administration Authorization must be in child's file</i></li> </ul> |
|---|--|

Please maintain an adequate supply of essential items for your child. In the event that we need to utilize our supplies, the Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers cannot be held accountable for any adverse reactions or allergies that may occur.

- ❖ Blankets and sheets will be washed with sensitive skin detergent twice per week for Infants and Toddlers, and once per week for all other classrooms. **Blankets cannot go back and forth from home to center.**

## Diaper Bags, Backpacks and Personal Belongings

To ensure a healthy and safe environment, diaper bags, backpacks (except for school children), blankets, toys and other personal belongings are not allowed in the building. Kindly pack all necessary items your child will need for the week in their designated cubby.

If your child is going home with another individual and requires a backpack, please note that backpacks will be held in the front lobby or Site Director's office. All other items brought into the premises will be removed and held securely in the lobby or Site Director's office until pick-up time.

The Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers, are not responsible for misplaced, stolen or damaged property.

## No Disturbance Policy: Drop-Off and Pick-Up

Our No Disturbance hours are **9:00am - 2:30pm**. Children who do not arrive by 9:00am will be counted absent for the day. We appreciate your cooperation in keeping drop-offs and pick-ups smooth outside these hours. Your understanding will enable us to deliver exceptional care. Families are required to sign children in and out daily on the Procure tablet.

**Appointments:** For morning appointments, please arrive promptly by 9:00am. Afternoon appointments are best scheduled after 2:30pm to respect rest time. **Children may not return after an afternoon appointment.** A doctor's note is required for any exceptions.

**Vaccinations:** Children must remain out for at least 24 hours after receiving a vaccine due to the possible onset of a range of side effects, including soreness, stiffness, and fever, which may not be immediately apparent. We appreciate your understanding and commitment to prioritizing their well-being.

**Field Trips:** Unless prior arrangements have been made with the Site Director, children who will not be attending a field trip must find alternate care for the day. If your child arrives late for a field trip departure, your child will not be allowed to stay and you will need to find alternate care for the day.

Let's strive for punctuality: 3 late arrivals or early departures within 30 days will lead to service termination.

Our facilities are secure buildings. To gain access to the classrooms, you will need to check in at the front desk when entering or ring the doorbell, depending on which center your child attends. For the safety of the children and staff, all new families and authorized persons will be required to present an ID.

## Under the Influence



**Drop-off:** If it is suspected that a guardian or authorized person is under the influence of alcohol or drugs during drop-off, we will document the occurrence and issued a *Final Notice*.

- ! This includes possessing a strong smell of cannabis, alcohol or any other substance.

**Pick-up:** If it is suspected that a guardian or authorized person is under the influence of alcohol or drugs during pick-up, the child(ren) will not be released and emergency contacts will be notified immediately to pick up the child(ren).

If no contacts can be reached within 15 minutes, the proper authorities and OKDHS will be contacted. Childcare staff are required by law to contact OKDHS and/or law enforcement, at any time, to protect the safety of the child.

## ECDC Zero Tolerance and Termination of Services

We reserve the right to terminate services and enforce the following policies at will:

- ! Failure to pay for child care services by the due date.
- ! Lack of family cooperation with Program policies and ECDC staff.
- ! Use or display of inappropriate language and/or rude/uncooperative behavior towards staff, especially in the presence of children.
- ! Excessive late pick-ups, to include late pick-ups for illness, injury, behavior, head lice/nits and early and emergency closures.
- ! Excessive absences (refer to section on *Attendance*).
- ! Any and all actions that display destructive and harmful behavior towards self, children, staff and our facilities (destruction of property).
- ! Excessive biting (refer to *Biting Policy*).
- ! Conflict of Interests regarding *outside* family complications, family disputes or incidences with staff, or any other occurrences that may cause conflict at our facilities.
- ! No hate speech, bullying or political content will be allowed. Degrading comments about race, religion, culture, sexual orientation, gender or identity will not be tolerated. This will result in a permanent ban and termination from our program.

## **Comanche Nation Zero Tolerance Policy**

By Executive Order of the Comanche Business Committee, December 7, 2019

Our staff have a right to carry out their work in a safe environment.

Violence, foul language, and/or abusive behaviors are not acceptable on these premises.

Verbal threats or acts of violence toward staff, associates, or visitors will not be tolerated and may result in denial of services and/or removal from this facility and/or may result in prosecution.

## **Reporting Child Abuse and Neglect**

If child abuse or neglect is suspected or witnessed, staff are required by law to contact the [statewide toll-free Child Abuse Hotline at 1-800-522-3511](#), as well as the Department of Human Services (OKDHS) and law enforcement to protect the safety of the child.

**Staff are required to cooperate in any investigation of an allegation. Staff are not required to inform the family or Site Director about the report or investigation.**

Oklahoma statutes define child abuse as harm or threatened harm to a child's health or welfare by a person responsible for the child. This includes nonaccidental physical or mental injury, sexual abuse or neglect.

**When to report?** A report should be made when there is reasonable cause to believe that a child has been abused or neglected or is in danger of being abused. A report of suspected abuse is a request for an investigation. If other incidents of abuse occur after the initial report has been made, another report should be made.

**How is abuse reported?** 24-hour statewide Child Abuse and Neglect Hotline, 1-800-522-3511.

**Report Human Trafficking:** 1-855-617-2288

## **Grievance Procedures**

If you have any concerns or complaints relating to your child(ren), please speak with your child's Teachers first. For more serious issues, speak with the Site Director. It is required that families fill out a *Parental Complaint form* and submit to the CCDF Administrator.

If you and your child's Teachers are unable to reach a reasonable resolution, please complete the following steps:

1. Turn in a *Written Grievance* (complaint or concern) to the Site Director, as well as a *Parental Complaint form* that must be submitted to the CCDF Administrator. Grievances can be written or emailed.
2. The Site Director will review the grievance and set up a conference call or in-person meeting with the family.
3. At no time can any member of the family become hostile, aggressive, use foul language, or become physical with childcare staff, especially in the presence of children. (*Refer to section on ECDC Zero Tolerance and Termination of Services*)
4. Services can be terminated for inappropriate behavior by a guardian or family member.

Our goal is to work with families as a team to provide the best environment possible for your child.

## **Medical Emergency**

The *Emergency Medical Treatment Authorization Form* will be given in your *Welcome Packet*. This form allows us to seek the proper medical attention, if needed and must be returned before your child can start in our program. We will also need a copy of your child's medical insurance card, if applicable.

If your child has a medical emergency and requires medical attention, we will contact a guardian immediately. **Failure to contact you or any of your emergency contacts within 15 minutes will be considered lack of family cooperation with our program policies and staff and may result in termination of services.** You may be required to transport your child to a medical facility.

- ❖ If the child is in **serious condition**, staff may need to transport the child by ambulance or program vehicle, to the nearest medical facility, or the medical facility listed on your child's *Emergency Medical Treatment Authorization Form*.

**WE DO NOT ADMINISTER ANY MEDICATIONS - PRESCRIPTIONS OR OVER THE COUNTER.**

If a child has an allergy or chronic illness that may interfere with daily activities, a *Child Medical Health Plan Form* must be filled out and signed by a physician with detailed care instructions.

- ✓ Orajel or Tylenol/Motrin can be given 1x during the day for **teething purposes only** (*must have signed Administration Authorization Form on file*). **Children cannot be given medication in a sippy cup throughout the day.**
- ✓ Emergency inhalers and nebulizers require an *Asthma Plan* and *Medical Health Plan Form* signed by a physician.
- ✓ Epipens require a *Medical Health Plan Form* signed by a physician.
- ✓ Sensitive skin ointment and eczema creams can be applied with a signed *Administration Authorization form* on file.

## **Emergency Closures**

In the event of an emergency closure, families will be contacted immediately. **Failure to contact you or any of your emergency contacts within 15 minutes will be considered lack of family cooperation with our program policies and staff and may result in termination of services.**

Emergencies include:

- ✓ Weather Related
- ✓ Utility Outages (Power, Water, Gas)
- ✓ Major Maintenance Repairs

**Emergency Contact Forms** will be given in your *Welcome Packet*. These will need to be updated quarterly. Families are responsible for notifying the Site Director when contact information changes. **Failure to keep contact information current may result in termination of services.**

## **Severe Weather**

Decisions to close for severe weather-related concerns (road conditions, electrical outages, etc.) are made by the current Tribal Administrator or Site Director. **When Comanche Nation closes due to severe weather, we will close as well.**

Please refer to the **Emergency Preparedness Plan** in your *Welcome Packet*.

Please check the Procure app, your center’s private Facebook group and the local KSWO 7News website/channel for all weather-related closures or delayed openings. You may also call your center for information.

## **Illness Policy**

**We will not accept children who are sick and/or displaying symptoms of illness.**

We must be able to provide the same level of care for each child in the classroom. If your child requires more care than usual due to illness, the child will be sent home until they are able to comfortably participate in daily activities. A doctor’s statement may be required.

- If your child begins displaying symptoms of illness, you will be contacted immediately. **Failure to contact you or any of your emergency contacts within 15 minutes will be considered lack of family cooperation with our program policies and staff and may result in termination of services.**
- **Child must be picked up immediately or within 30 minutes of contact - no exceptions.**
- **Vaccinations:** Children must remain out for at least 24 hours after receiving a vaccine due to the possible onset of a range of side effects, including soreness, stiffness, and fever, which may not be immediately apparent.

Staff will start a **Signs and Symptoms of Illness Form**. This form will include symptoms observed and what is required before your child can return. Please refer to the list of requirements below:

- Observe child. It is recommended that you take your child to be seen by physician if signs or symptoms continue or progress.
- Must remain out of the center for **at least 24 hours after symptoms have completely ceased and display no symptoms before returning.**
- Doctor’s clearance of non-contagious illness **and clear of all symptoms required before returning.** **This includes all illnesses and viruses; pinkeye, cold, RSV, flu, COVID-19 (refer to Procedures for COVID-19), ear infection, etc. Doctor’s clearance is required but may not always clear the child’s return if symptoms are still present.**

**WE DO NOT ADMINISTER ANY MEDICATIONS - PRESCRIPTIONS OR OVER THE COUNTER.**

**We will not accept or keep children who are or begin displaying the following the symptoms:**

*(regardless of allergies, teething, side effects from vaccinations, etc.)*

Temperature of 100 degrees or higher	Constipation and/or severe gas
Complaining or displaying signs of pain	Unusual and/or infected skin irritation, rash or hives that is accompanied by a fever, behavior change, or any other symptom
Unexplained swelling on parts of the body	Bleeding or Drainage from any parts of the body
Trouble swallowing and/or loss of appetite	Glazed and/or swollen eye(s)
Increased irritability	Difficulty and/or rapid breathing, wheezing and/or shortness of breath
Drowsiness/lethargy (unable to participate in daily activities)	Asthmatic child with respiratory distress uncontrolled by current medication
Frequent urination and/or urinary pain	Severe and/or continuous coughing
Diarrhea or vomiting ( <b>Side effects from medication and/or food are not exempt from the policy.</b> )	Congestion or severe runny nose

## Childcare Exclusion Criteria

Certain illnesses, diseases, rashes and/or skin irritations, breathing problems, and other symptoms may require an extended stay out of the center. Certain cases will be determined by the Site Director. We must take into consideration the risk of children or staff contracting illnesses.

**Doctor's clearance is required but may not always clear the child's return if symptoms are still present.** We follow OKDHS and Tribal Health and Safety guidelines.

### Respiratory conditions:

- a. Asthmatic child with respiratory distress uncontrolled by current medication
- b. Difficult, rapid breathing or wheezing
- c. Respiratory conditions, when the primary symptom is coughing accompanied by vomiting.
- d. Diphtheria
- e. Respiratory syncytial virus (RSV)
- f. Pertussis (Whooping Cough)
- g. Streptococcal Pharyngitis (Strep Throat)
- h. Tuberculosis (T.B.)
- i. Any other respiratory condition that prevents the child from comfortably participating in center activities including outside play and/or requires a significant amount of extra care/attention from caregivers preventing other children from receiving adequate attention/care.

### Diarrhea and Vomiting:

- a. 2 or more diarrheas
- b. 1 diarrhea that is accompanied by another symptom
- c. Vomiting
- d. Stool that contains blood or mucus
- e. Salmonella or Shigella (until at least 2 negative stool cultures)
- f. Giardia (Parasite)

### Rash Illness:

- a. Any type of rash - including severe diaper rash
- b. Varicella (Chicken Pox)
- c. Measles
- d. Any rash that is accompanied by a fever, behavior change, or any other symptom
- e. Rubella
- f. Roseola

### Skin Conditions:

- a. Impetigo
- b. Ringworm
- c. Staph Infection
- d. Open wounds
- e. Open Boils or boils that cause the child excessive pain
- f. Hand-foot-and-mouth disease (HFMD)
- g. Blisters especially on mouth or in mouth that cause severe pain and do not allow the child to eat comfortably.
- h. A skin condition that is inflamed, irritated, or bleeding such as eczema, etc. (The child needs to be able to comfortably participate in center activities).

## Procedures for COVID-19

### ❖ COVID-19 Exposure:

If anyone living in the home has been exposed to COVID-19, please notify the center as soon as possible. It will be required that everyone living in the home who enters the center begin wearing a mask immediately and continue precautions for at least **ten (10) full days** after exposure.

If a child runs a fever of **100.4** or higher and/or begins showing symptoms of COVID-19, the child will be isolated immediately. A guardian will be contacted immediately. **Failure to contact you or any of your emergency contacts within 15 minutes will be considered lack of family cooperation with our program policies and staff and may result in termination of services.**

- **Child must be picked up immediately or within 30 minutes of contact - no exceptions.**

Before the child can return, a doctor's clearance will be required and the child must be completely clear of any signs and symptoms of COVID-19.

### ❖ COVID-19 Positive:

If a child or anyone in the home tests **positive** for COVID-19, **the child must isolate immediately and remain out of the center for at least five (5) full days.** Before the child can return, a doctor's clearance will be required and the child must be completely clear of any signs and symptoms of COVID-19. When the child returns, it is required that the child wear a mask for ten (10) full days.

*Our programs do not include detailed information about COVID-19 due to continual changes and updates on preventing the spread of the virus and variants that have emerged. We will follow the current CDC guidelines regarding COVID-19. Please visit [CDC.gov](https://www.cdc.gov) for the latest COVID-19 guidelines. All Comanche Nation Early Childhood Development Center employees are required to abide by the Comanche Nation Human Resources Covid-19 Policies & Procedures.*

## Head Lice/Nit Policy

Children must be clear of head lice and nits, alive or dead. If head lice/nits are found, a guardian will be contacted immediately. **Failure to contact you or any of your emergency contacts within 15 minutes will be considered lack of family cooperation with our program policies and staff and may result in termination of services. Children must be picked up within 30 minutes - no exceptions.** Staff will complete a [Head Lice or Nit Notice](#) that will include requirements before returning and cleaning measures.

Upon returning, a staff member will check your child's hair to ensure there are no more head lice or nits, alive or dead. Repeated episodes may result in termination. [Staff are required to report suspected child neglect.](#)

## Hygiene Policy

Families are expected to practice good personal hygiene with their child(ren). [Staff are required to report suspected child neglect.](#)

- ❖ Children need to arrive clean and in appropriate clothing.
- ❖ Nails need to be kept at a short length.

## Behavior and Guidance Policy

We are dedicated to providing a safe and healthy learning environment for all children. It is not only our responsibility, but the guardians' responsibility to guide, correct and socialize children toward appropriate behaviors.

Challenging behavior will be re-directed whenever possible or a meeting will be scheduled with the family. [Guardians contacted about behavior challenges are expected to cooperate with staff in assuring the elimination of inappropriate behavior. \(Please refer to section on ECDC Zero Tolerance and Termination of Services.\)](#)

### ! Challenging Behavior examples:

- |  |                               |
|--|-------------------------------|
| ✓ Aggression                                       | ✓ Non-compliance behavior     |
| ✓ Biting (refer to <a href="#">Biting Policy</a> ) | ✓ Bullying/Teasing            |
| ✓ Self-injury                                      | ✓ Social Withdrawal/Isolation |
| ✓ Repetitive Behavior                              | ✓ Running away                |
| ✓ Disruption/Tantrums                              | ✓ Property damage             |
| ✓ Inappropriate language                           | ✓ Unsafe behaviors            |

Staff will fill out a [Behavior Incident Report](#) when a child displays challenging behavior that causes disruption in learning or daily routine. This report provides families with details on how the behavior was handled.

When a child begins demonstrating dramatic changes or continuous challenges in behavior, staff will begin a [Behavior Intervention Plan](#). At this point, a family meeting will be scheduled.

### ♥ Appropriate Teacher Responses and Strategies:

- ! Evaluate the environment, atmosphere, and activities before considering specific child interventions.
  - o Remove child from area/activity or move within the group
  - o Curriculum modification/child individualizations
  - o Redirection by providing alternatives when the behavior is unacceptable.
  - o Time with support staff
- ! Use fair and consistent rules.
  - o Speak so children understand their feelings are acceptable, but the action or behavior may be unacceptable.
  - o Use safe, natural, and logical consequences helping children take responsibility for his or her actions.
- ! Provide verbal reminders.
  - o Demonstrate positive behavior for child - ex: gentle touch
- ! Encourage children to develop self-control.
  - o Reflection time allows children to calm down and regain self-control before re-joining the group. This method also allows the child the ability to learn from the unacceptable behavior while reflecting. The child may sit quietly or participate in an individual activity.
- ! Physical hold/restraint

### ✓ Site Director Follow-up:

- |                               |                           |
|-------------------------------|---------------------------|
| o Talk with child             | o Family meeting          |
| o Send child home for the day | o Reduce hours in program |
| o Contact family              | o Termination             |

Every effort will be made to implement a behavior modification consistent with efforts being made at the child's home as well. If a child's behavior indicates that our program is unable to meet his or her needs, the child will be dismissed from our program. A child who is dismissed due to behavior issues will no longer be eligible to attend at any time.

## Biting Policy

Biting is common in early childcare settings. Most children who begin biting are nonverbal and still learning to communicate their needs. Although children bite for many reasons, recurring behavior is not acceptable. Older children who bite to intentionally cause harm will automatically be given a *final warning* before termination.

### Step 1:

- Teachers will observe the child to determine when and under what circumstances does biting occur.
- Families will be given resources to help prevent biting.

### Step 2:

- A meeting will be held with the family to discuss solutions to prevent biting.
- If the biting continues, services will be terminated to ensure the safety of other children in our care.
  - ! After three (3) serious bites causing bruising and/or broken skin, the child will be terminated.

*Accident/Injury Reports* will be given to regarding the incident. These reports must be signed by a guardian or authorized person. A copy will be given after the report is signed.

## Numu Turetuu ECDC School Children Policy and Agreement

We follow the academic calendars for the schools we transport to and from. We will not accept school children before or after the hours listed below. This includes children in the Preschool and School Age classrooms who attend school.

- Before School Hours: 7:00am to 7:50am
  - School children will not be served breakfast at our center. The final bus route leaves at 7:50am. All routes are scheduled to arrive at each school during school breakfast times.
- After School Hours: 3:30pm to 5:30pm

### School Age Classroom Hours:

The School Age classroom is only open for before and after school hours during the school year, and during school breaks.

- Our School Age teachers will be assisting in other classrooms and utilized for breaks, teacher planning times and bus routes.

### No Entrance:

We will not accept children who have been dismissed from school or are absent from school for the following:

- *Illness (refer to Illness Policy)*
- *Behavior related reasons, such as suspension or expulsion (refer to ECDC Zero Tolerance and Termination of Services; and Behavior and Guidance Policy)*
- *Guardians chose a virtual day for their child for personal reasons (called out sick, woke up late, personal errands, etc.)*

## School Children Distance Learning (Virtual) Days

### Preplanned Distance Learning Days:

*As long as OKDHS Childcare Staff to Child ratios permit*, the School Age and Preschool classrooms will be open to school children for *most preplanned* virtual days according to the academic calendars.

### Unplanned Distance Learning Days:

*As long as OKDHS Childcare Staff to Child ratios permit*, the School Age and Preschool classrooms will be open to school children for *most unplanned* virtual days due to the following unforeseen circumstances:

- Water break, power outage or other utility related circumstances
- Weather related circumstances
  - We require a minimum of one (1) hour notice before our center opens if you plan to choose a virtual day for your child(ren) on weather related optional virtual days.
- **School Illness closures:** Depending on how severe the spread of illness is in our area will determine if we will accept school children on the days the schools close due to illness.

### Technology Device:

Children must bring their own technology device on virtual days. *The Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers, are not responsible for misplaced, stolen or damaged property.* Preschool and School Age staff will assist children with logging in and provide guidance on assignments, if needed. Staff are not responsible for academic scores or performance.

### Distance Learning Daily Rate:

Families with children who attend a full day will be charged the full-time rate of pay for their age group.

## **Technology Policy**

No technology devices, including smartphones, iPads, tablets, handheld game systems, or similar devices, are allowed in the building. Exceptions will be made on virtual school days, strictly for distance learning purposes.

Devices brought into the premises will be collected and kept in the Site Director's office, then returned home with the student at dismissal time.

In an environment with constant exposure to digital technology, it's important that we carefully evaluate the experiences we provide to the children in our care. Our program focuses on building social skills and secure relationships by prioritizing time for active social play and exploration, which are critical in developing self-regulation, language skills, creativity, and the ability to reason.

## **Numu Turetuu ECDC School Transportation Schedule:**

A *Transportation Authorization and Waiver Form* is required to be signed at enrollment. The *School Transportation Schedule* will be posted on the *Family Information Board*. Guardians are responsible for transporting their child to school if they do not arrive before departure. We offer transportation to and from certain schools in close proximity. Check with the Site Director to find out which schools are included in the transportation route.

It is the guardians' responsibility to notify the center if their child will not need transportation. Excessive absences of three (3) consecutive days without notification will result in termination.

## **Potty-Training**

If you believe your child is ready to begin potty-training, please let your child's Teachers know. We will be happy to assist you in this process. Please note that staff will only begin potty training if the family is also potty training at home. Teachers will meet with you to discuss a plan for your child.

- ❖ Please send a large quantity of pull-ups, underwear and clothes for your child when beginning the potty-training process.

## **Safe Sleep**

Our staff implement Safe Sleep practices to reduce your baby's risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. All staff are trained in *Safe Sleep: Reducing the Risk of SIDS*.

- ✓ Infants sleep in cribs with the sides fully raised and secured.
- ✓ Infants sleep directly on a tight-fitting sheet covering the mattress.
- ✓ Infants are protected from overheating by adjusting room temperature and clothing.
- ✓ Infants birth through 3 months of age may be swaddled with an infant-sized, thin fabric, such as a receiving blanket only when:
  - Requested by the guardians and permission is maintained
  - *\*Safe Sleep Swaddle Authorization Form will be available upon request.*
  - The infant is not mobile enough to move the fabric over his or her face
- ✓ Infants are placed on their back for sleeping, unless there is a medical reason.
- ✓ Infants who are able to turn themselves over, are placed initially on their back for sleeping, but may turn themselves over and sleep in a position they prefer.
- ✓ Only pacifiers without attachments to them are in rest equipment with infants, when used.
- ✓ Sleep positioners and elevated mattresses are prohibited, unless there is a medical reason as documented.
- ✓ Soft products, such as quilts, comforters, sheepskins, pillows, stuffed toys, and bumper pads are prohibited inside and on the side of infant rest equipment.

## **Breastfeeding Policy**

We are committed to providing ongoing support to breastfeeding families, including providing an opportunity to breastfeed their baby in the morning and afternoon, and holding off giving a bottle, if possible, near departure time. Infant formula and solid foods will not be provided unless requested by a guardian. If you wish to come breastfeed your child, please notify your child's Teachers.

- ✓ Breastfeeding families shall be provided a private and sanitary space (other than a bathroom) to breastfeed their child.
- ✓ A refrigerator will be made available for storage of breast milk.

## Mealtimes

### Numu Turetuu ECDC

- Breakfast: 8:30 – 8:45am
- Lunch: 11:30 – 12:00pm
- PM Snack: 3:00 – 3:15pm
- School Children PM Snack: 3:30-4:00pm  
*\*served as children arrive to the center*

### School Breaks/Virtual Days

- Breakfast: 8:30 – 8:45am
- Lunch: 11:30 – 12:00pm  
School Age: 12:00 – 12:30pm
- PM Snack: 3:00 – 3:15pm

### Onáa Kahni

- Breakfast: 8:30 – 8:45am
- Lunch: 11:30 – 12:00pm
- Snack: 3:00 – 3:15pm

### Apache ECDC

- Breakfast: 8:30 – 8:45am
- Lunch: 11:30 – 12:00pm
- Snack: 3:00 – 3:15pm

Children must be present during designated meal times to receive a meal. We cannot hold a child's meal and serve for late arrivals due to health and safety standards.

**NOTICE TO NUMU TURETUU ECDC FAMILIES WITH SCHOOL CHILDREN:** School Age children will not be served breakfast at our center. The final bus route leaves at 7:50am. All routes are scheduled to arrive at each school during school breakfast times.

- ❖ Our program follows the Child and Adult Care Food Program guidelines.
- ❖ A menu will be posted every week.
- ❖ **Children with food allergies must have a signed doctor's statement with a full list of food allergies. If the center cannot accommodate the dietary needs of the child, the family will be responsible for providing the child's daily meals.**
- ❖ Infant meals (infant cereal, baby food and snacks) must be provided by the family. If you are ready for your child to begin eating solid foods, please inform your child's Teachers.
  - New foods must be given to the child for at least one (1) week at home before we can begin feeding the food at the center.

## Outside Activities and Fieldtrips

We plan various outside activities and field trips to local and surrounding areas. Notices will be sent home to families, posted at the center, on Procure and the center's private Facebook group. A permission slip will require a parent/guardian signature.

Notices will include the following details about the activity and/or field trip:

- ✓ How to dress your child
- ✓ What items to bring
- ✓ Time of departure
- ✓ Estimated time of return
- ✓ Field trip fee
- ✓ Transportation details
- ✓ Contact info
- ✓ Meal plan
- ✓ Volunteers or chaperones

**It is important that children arrive to the center on time when a field trip is scheduled.**

- ! **Unless prior arrangements have been made with the Site Director, children who will not be attending a field trip must find alternate care for the day. If your child arrives late for a field trip departure, your child will not be allowed to stay and you will need to find alternate care for the day.**

## Family-Teacher Conferences

We hold Family-Teacher conferences twice per year; spring and fall. Families may also request a conference at any time. Conferences can be in-person or over the phone. Child development, goals for your child and family needs will be discussed. We highly encourage all families to participate in Family-Teacher conferences.

## Holiday Celebrations and Classroom Parties

We celebrate certain holidays in various ways. We participate in the following, but not limited to:

- |   |   |
|---|---|
| 🚩 Sweetheart Party (week of Feb. 14 <sup>th</sup> )     | 🚩 Cook Appreciation Day (on July 25 <sup>th</sup> or the week of) |
| 🚩 Dr. Seuss Week (week of March 2 <sup>nd</sup> )       | 🚩 Back to School Bash (August)                                    |
| 🚩 Luck Charm Party (week of March 17 <sup>th</sup> )    | 🚩 Kick Off the Season Spirit Week (August/September)              |
| 🚩 Hop 'til We Drop Egg Hunt (week before Easter Sunday) | 🚩 Early Childhood Educators' Day (first Wednesday in September)   |
| 🚩 Child Abuse Prevention Month (April)                  | 🚩 Grand Friends Day (September - Friday before Grandparents' Day) |
| 🚩 Week of the Young Child (April)                       | 🚩 Cultural Spirit Week (week of Indigenous Peoples' Day)          |
| 🚩 Staff Appreciation Week (May)                         | 🚩 Red Ribbon Week (October)                                       |
| 🚩 Moms & More (week before Mother's Day)                | 🚩 No Tricks, All Treats (week of Halloween)                       |
| 🚩 Dads & More (week before Father's Day)                | 🚩 Fall Feast (November)   |
| 🚩 Red, White & Blue Party (week of Independence Day)    | 🚩 12 Days of Grinchmas (December)                                 |

Families will be notified of details regarding all celebrations and spirit weeks. If you do not want your child to participate, you will need to find alternate care for the day(s) of the celebration.

Families are welcome to bring in items for their child's birthday. **Homemade food items are prohibited in accordance with OKDHS Policies regarding food allergies.** Please inform your child's teachers at least one (1) week in advance if you wish to celebrate your child's birthday at the center.

## Misplaced Items

**Please label your child's belongings.** Inform staff as soon as possible if your child is missing any personal belongings. We will work together to locate the missing item and return it to you. Any unclaimed items found will be kept in a *Lost and Found* area. **The Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers, are not responsible for misplaced, stolen or damaged property.**

## Reports and Documenting Forms

**Accident/Incident Reports** will be completed if your child has an accident or incident during the day. The report will be discussed with a guardian or authorized person and a signature is required. A copy will be made and sent home. The original will stay in the *Accident/Incident Report Log Book*.

**Behavior Incident Reports** will be completed if your child displays challenging behavior that causes disruption in learning or daily routine. The report will be discussed with a guardian or authorized and a signature is required. A copy will be made and sent home. The original will stay in the child's file. A *Behavior Intervention Plan* may be necessary if your child continues to display challenging behavior that interferes with learning or poses a threat to his/her safety or the safety of others.

**Poison Exposure Reports** will be completed if your child is exposed (ingest or touch) to a poison. A guardian will be notified immediately, as well as Poison Control and OKDHS. A *Poison Exposure Report* will be completed and discussed with a guardian or authorized. A signature is required. A copy will be made and sent home. The original will stay in the child's file.

**Documenting Forms** are used to document the following:

- ✓ Family Complaint/Concern
- ✓ Accidents/Incidents Details
- ✓ Change in Behavior
- ✓ Observation
- ✓ Documentation for File

*Documenting Reports* may be discussed with a guardian, if necessary, and a signature is required. A copy will be made and given to the guardian. The original will stay in a private file.

**Procure** app will be used to communicate information specific to the child's physical and emotional state throughout the day. Daily caregiving procedures and activities will be logged for all children. This information remains confidential and is not shared to the entire group.

## **ECDC Staff Requirements**

We follow OKDHS regulations. All staff are required to complete a fingerprint background check, in which a copy is submitted to OKDHS and kept on file. Resubmission is required every five years. We also follow Comanche Nation Policies and Procedures.

All staff will be required to complete CPR/First Aid training, Food Handlers Certification and Infection Control Training.

In addition, all teaching staff are required to complete Entry Level Childcare Training (ELCCT), Safe Sleep (Reducing the Risk of SIDS) Training, Early Learning Guidelines Training and Emergency Preparedness Training.

All staff who transport children in a program vehicle are required to complete Coaching the Van Driver training or Safe Kids training.

## **Volunteer Policy**

Volunteers are limited to children's immediate family members, former employees and workforce summer youth workers with good standing and special invited guests. Volunteers must be at least 16 years of age. Exceptions can be made with the Site Director's approval.

Anyone who is interested in volunteering will be required to fill out a [Volunteer Form](#) and submit it to the Site Director for approval. ([Reference DHS Licensing Requirements](#)) Long term volunteers will be required to complete a fingerprint background check.

## **Visitor Policy**

We have open visitation for immediate family members only. Please notify the Site Director and your child's Teachers if you plan to come visit your child(ren).

While we encourage family engagement and participation, please understand that visitations can interrupt a child's daily routine and can affect their mood and ability to partake in classroom activities. Please keep visitations limited.

We will also schedule visits from other organizations such as the Fire Department, Dental Clinic, Police Department, Tribal and Organizational Princesses, and other Tribal and non-tribal Programs/Organizations and Leaders.

## **Private Facebook Group**



Each center has their own Private Facebook Group. We post announcements, reminders, photos and videos of children and various content related to early childhood education.

### **Numu Turetuu ECDC**

Lawton ECDC

### **Apache ECDC**

Apache ECDC

### **Onáa Kahni**

Onaa Kahni

- ! We ask that only authorized family members join the group. Anyone that is not included on your child's *Authorized Person(s) Form* will not be accepted.
- ! Please keep in mind the privacy and safety of all children and families when sharing photos and videos to social media.
- ! Please remain respectful and mindful when posting and sharing to the group.
- ! No hate speech, bullying or political content will be allowed. Degrading comments about things like race, religion, culture, sexual orientation, gender or identity will not be tolerated. This will result in a permanent ban and termination from our facility.

## **Donations**

We accept donations in the forms of children's clothing and shoes, classroom/art supplies, diapers/pull-ups, unopened with seal still intact formula and baby food/snacks and approved toys in good condition. Please speak with the Site Director if you wish to donate. An acknowledgement receipt will be provided.

## **Confidentiality**

Confidential information will not be released to any unauthorized person unless the Parent/Guardian provides written authorization to do so. However, if child abuse or neglect is suspected, law requires that appropriate authorities are notified.

Complete *Confirmation Form* on final page 17



# Family Handbook

## Confirmation Form

Child(ren) Name: \_\_\_\_\_

I confirm that I have received the Family Handbook. I understand that I am responsible for reading and understanding the Family Handbook Policies and Procedures. Any questions and concerns I may have regarding the Family Handbook Policies and Procedures will be addressed to the Site Director.

- I have read the ECDC Family Handbook Policies and Procedures.
- I agree to abide by the ECDC Family Handbook Policies and Procedures.

Guardian Signature: \_\_\_\_\_

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

# Nūma Turetuu

## *Daily Schedule*

7:00 am

Good morning!

7:00-8:15 am

Morning activities

7:15-7:50 am

School Age  
Load Up for School!

8:15-8:30 am

Transition Time  
Prepare for Breakfast

8:30-8:45 am

Breakfast time!

8:45-9:00 am

Transition Time  
Prepare for Mid-morning activities

9:00-11:15 am

Mid-morning activities

11:15-11:30 am

Transition Time  
Prepare for Lunch

11:30-12:00 pm

Lunch time!

12:00-12:15 pm

Transition Time  
Prepare for rest time

12:15-12:30 pm

Calming Activities

12:30-2:30 pm

Rest Time

2:30-2:45 pm

Transition Time  
Wake up, put away sleep mat, prepare for snack

2:30 pm

School Age  
Leave for School Pick-up

2:45-3:00 pm

Table Activities

3:00-3:15 pm

Snack time!  
(School Age snack time: 3:30 - 4:00pm)

3:15-5:00 pm

Afternoon activities

5:00-5:30 pm

Transition Time  
Let's get ready to go home!

### *Blended Classrooms*

There may be times where we must combine classrooms in the morning from 7:00 - 8:30am or the afternoon from 4:00-5:30pm.



We only combine children similar in age. We do not combine younger children with older children.

Potty-training and diaper checks are performed every hour, with the exception of rest time, and as needed.

Rest times vary by classroom. Rest times must not exceed more than 2 hours. Infants follow individual child sleep schedules.

No Disturbance Hours  
9:00am - 2:30pm

No children will be accepted after 9:00am. Please limit pick-up to after 2:30pm to not disturb rest time.



Program name \_\_\_\_\_ K8 \_\_\_\_\_ Date \_\_\_\_\_

**Child Information**

Child's name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Home street address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma State \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma State \_\_\_\_\_

Finding directions \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Parent or guardian name, adult **whom child lives with** \_\_\_\_\_ Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_ Email \_\_\_\_\_

Parent or guardian name, adult **whom child lives with** \_\_\_\_\_ Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact**

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

## Transportation

- I **do not** give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- To and from school

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- Other, specify:

## Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone



# Nũmũ Tũretũ Early Childhood Development Center

## Emergency Preparedness Plan

The Comanche Nation Early Childhood Development Centers will implement the following Emergency Preparedness plan in the event of any of the following; serious injuries; serious illnesses; poison exposure; communicable disease outbreaks, including pandemic influenza; weather conditions, including tornados, floods, blizzards, and ice storms; fires, including wildfires; man-made disasters, including chemical and industrial accidents; human threats, including individuals with threatening behaviors, bomb threats, and terrorist attacks; lost or abducted children; utility disruption; and other natural or man-made disasters that could create facility structural damage or pose health hazards.



### Facility Info:

<b>Facility Name:</b>	Nũmũ Tũretũ Early Childhood Development Center
<b>Facility License Number:</b>	K830023881
<b>Facility Address:</b>	206 SW 8 <sup>th</sup> Street - Lawton, OK 73501
<b>Facility Phone:</b>	580.360.0801
<b>Facility Main Contact:</b>	Angela Passi - 580.704.0143
<b>First Aid Kit Location(s):</b>	Front Entrance, Safe Room, Dining Hall, North Hallway
<b>AED Location:</b>	Central hallway outside of Safe Room
<b>Fire Extinguisher Location(s):</b>	North hallway by playground exit, Central hallway by closet, Central hallway by south exit, Kitchen
<b>Emergency Kit Location(s):</b>	Every classroom, Safe Room

### Emergency Contacts:

Lawton Police Department	(580) 581-3270	9-1-1
Comanche Nation Law Enforcement	(580) 492-3260	1-877-TRIBAL-9-1-1
Lawton Fire Department	(580) 581-3280	
Comanche Nation Fire Department	(580) 492-3600	
Comanche Nation Emergency Management	(580) 919-1098	
Comanche County Health Department	(580) 248-5890	
Poison Control	1-800-222-1222	
Lawton Animal Welfare	(580) 581-3219	
OKDHS - Myeisha Finley (Childcare Licensing Specialist)	(405) 982-1373	myeisha.finley@okdhs.org
Electric Company - PSO	1-888-216-3523	
Gas Company - Summit Utilities	1-866-275-5265	
Water Company - City of Lawton	(580) 581-3308	

### Transportation:

If it becomes necessary to relocate children to a safer location, the following transportation will be used to relocation or evacuation sites.

Transportation #1	Transportation #2	Transportation #3	Transportation #4
Vehicle Type: Collins SL 14 Passenger Bus	Vehicle Type: Collins SL 14 Passenger Bus	Vehicle Type: Dodge Caravan	Vehicle Type: Chevy Traverse
Number of passengers (including driver): 15	Number of passengers (including driver): 15	Number of passengers (including driver): 7	Number of passengers (including driver): 7

**Evacuation:** In case of the need to evacuate our site, the following procedures will be followed:

<p><b>Evacuation routes/exits:</b></p>	<ul style="list-style-type: none"> <li>• All exits are checked regularly to ensure opening.</li> <li>• Staff and children will follow the evacuation route posted in each classroom (previous page).</li> </ul>
<p><b>Evacuating Infant/Toddlers/Children with Disabilities:</b></p>	<ul style="list-style-type: none"> <li>• Children in the Infant, Toddler and 2s &amp; 3s class will be evacuated using evacuation cribs with wheels. The site owns 3 evacuation cribs with one being in each of the 3 classrooms listed above.</li> <li>• Children with disabilities will be assisted by staff and provided modifications as needed.</li> <li>• All other children will be encouraged to follow staff in a calm and orderly manner.</li> </ul>
<p><b>Notification:</b></p>	<ul style="list-style-type: none"> <li>• Once all children are safely evacuated:</li> <li>• 9-1-1 will be called.</li> <li>• Staff will begin a child count to ensure all children are accounted for.</li> <li>• Families will be notified of evacuation.</li> </ul>
<p><b>Emergency Kits/Information:</b></p>	<ul style="list-style-type: none"> <li>• Emergency kit/first aid kit will be taken by staff. Each classroom has their own emergency kit.</li> <li>• Emergency kit will contain a binder with each child’s emergency contact information and staff emergency contact information, and a first aid kit.</li> </ul>
<p><b>Evacuation Sites:</b></p>	<ul style="list-style-type: none"> <li>• <b>Neighborhood (e.g., for fire):</b> Lawton City Hall 212 SW 9<sup>th</sup> Street - Lawton, OK 73501 580.581.3500</li> <li>• <b>Out-of-neighborhood (e.g., chemical spill, flooding):</b> Edith Gordon Building 1001 SE 36<sup>th</sup> St. - Lawton, OK 73501 580.360.0518</li> <li>• <b>Out-of-town (e.g., widespread flooding, bomb threat):</b> Woogie Watchetaker Hall 584 NW Bingo Rd - Lawton, OK 73507 580.492.3240</li> </ul>
<p><b>Transportation to Evacuation Locations:</b></p>	<ul style="list-style-type: none"> <li>• <b>Neighborhood: Lawton City Hall</b> Immobile children and all children in the Infant, Toddler and 2s &amp; 3s class will be pushed in evacuation cribs to the neighborhood evacuation site. Mobile children will walk and follow staff member to the neighborhood evacuation site.</li> <li>• <b>Out-of-neighborhood and Out-of-town: Edit Gordon Building &amp; Watchetaker Hall</b> Children will be driven in program vehicles to the Edith Gordon Building or Watchetaker Hall location.</li> </ul>

**Shelter-in-Place Procedure**

Safety of all families and staff is priority, and will be taken into consideration when a threat of severe weather is present.

Decisions to close our center for severe weather-related concern such as road conditions, electrical outages, etc., will be determined by the current Tribal Administrator or Site Director.

- ❖ Please check the Procure app, your center’s private Facebook group and the local KSWO 7News website/channel for all weather-related closures or delayed openings. You may also call your center for information.
- ❖ When Comanche Nation closes due to severe weather, we will close as well.

In case of the need to stay put due to a tornado or notification from authorities, the following procedures will be followed:

<b>Responsibilities:</b>	
<b>Site Director:</b>	<ul style="list-style-type: none"> <li>• Identify shelter location - Safe Room.</li> <li>• Ensure shelter location has emergency and first aid kits and supplies for sealing the rooms.</li> <li>• Ensure shelter location is marked, free of items that may fall, and have emergency lighting.</li> <li>• Decide the need to shelter based on official notification.</li> </ul>
<b>Office/Support Staff:</b>	<ul style="list-style-type: none"> <li>• Announce the need to shelter and when appropriate announce it is safe to return to normal operations.</li> <li>• Monitor radio for instructions.</li> <li>• Call 9-1-1.</li> <li>• Ensure children and staff have properly moved to Safe Room.</li> </ul>
<b>Staff/Site Director:</b>	<ul style="list-style-type: none"> <li>• Account for the children in their care, before moving and once in Safe Room.</li> <li>• Take children to designated shelter locations.</li> <li>• Assist children with access and functional needs.</li> <li>• Seal the room, as necessary.</li> <li>• Monitor radio/cell phone for instructions.</li> </ul>
<b>Children:</b>	<ul style="list-style-type: none"> <li>• Follow staff member to Safe Room.</li> </ul>

<b>Location:</b>	Children will be taken to the Safe Room located in the central part of the building.
<b>Moving Infant/Toddlers/Children with Disabilities:</b>	<ul style="list-style-type: none"> <li>• Children in the Infant, Toddler and 2s &amp; 3s class will be moved to the Storm Room using evacuation cribs with wheels. The site owns 3 evacuation cribs with one being in each of the 3 classrooms listed above.</li> <li>• Children with disabilities will be assisted by staff and provided modifications as needed.</li> <li>• All other children will be encouraged to follow staff in a calm and orderly manner.</li> </ul>
<b>Emergency Supplies:</b>	<ul style="list-style-type: none"> <li>• Emergency kits with non-perishable food, toys, and water are stored in the Safe Room.</li> <li>• A first aid kit is stored in the Safe Room.</li> <li>• A battery-powered NOAA radio is stored with the emergency supplies.</li> <li>• Staff cell phones will be brought to the Safe Room.</li> <li>• Emergency contact binder will be brought to the Safe Room.</li> </ul>
<b>Notification:</b>	Families will be notified once the immediate threat has passed.

**Family Reunification:**

In case of the need to evacuate or when families are unable to get to children, the following procedures will be followed to reunite children with families (or contacts designated by family) as soon as it is safe.

<b>Notification:</b>	<ul style="list-style-type: none"> <li>• Families are provided:                             <ul style="list-style-type: none"> <li>○ Information on each evacuation site.</li> <li>○ Contact information for Site Director, cell phone and alternative phone.</li> </ul> </li> <li>• Family contact numbers are:                             <ul style="list-style-type: none"> <li>○ Stored in Site Director's/Teacher's cell phone.</li> <li>○ Placed in binder in classroom emergency kit.</li> <li>○ Kept in binder in facility emergency kit.</li> </ul> </li> </ul>
<b>Release:</b>	Children will only be released to contacts listed on the child's form with proper identification.

**Serious Injuries/Poison Exposure:**

In case of a child, staff member, or other person at the center acquiring a serious injury or being exposed to a poisonous substance, the following procedures will be followed to ensure the health and safety of the injured child/adult:

<b>Notification:</b>	<ul style="list-style-type: none"> <li>• Site Director/staff member in charge will call 9-1-1 and/or Poison Control.</li> <li>• Site Director/staff member in charge will call the family and inform them of incident and status of child.</li> <li>• Site Director/staff member in charge will call OKDHS Child Care Licensing and inform them of the incident.</li> <li>• Site Director/staff member in charge will call insurance provider and inform them of incident.</li> </ul>
<b>Aid/Paperwork:</b>	<ul style="list-style-type: none"> <li>• Instructions from Poison Control will be followed and/or first aid will be provided to ensure child/adult is comfortable and stable until paramedics arrive.</li> <li>• Incident report will be completed. Report will require signatures from staff member, director/staff in charge, and authorized family. A copy will be provided to family.</li> </ul>

**Program Closures:**

In the event of worsening weather conditions, utility disruption, or other natural/man-made disasters that could create structural damage to the facility or pose health hazards, the following procedures will be followed:

<b>Notification:</b>	<ul style="list-style-type: none"> <li>When the Site Director and/or Tribal Administrator determines the need to close the facility, families of enrolled children and staff will be notified immediately using a phone. If children/staff are in center at time of determination, families will be notified and arrangements will be made to have their child picked up and staff will be sent home as soon as possible.</li> <li>OKDHS Child Care Licensing will be notified of any closures.</li> </ul>
<b>Return to Facility:</b>	<ul style="list-style-type: none"> <li>When it has been determined that there are no health hazards and the facility can reopen, families and staff will be notified immediately using a phone.</li> </ul>

**Lost or Abducted Children:**

The center has a process for releasing children only to designated individuals. This includes having a sign-in/sign-out sheet, ID check, and maintaining updated emergency contact and release information. However, in the case of a child being lost or abducted from the center, the following procedures will be taken:

<b>Notification:</b>	<ul style="list-style-type: none"> <li>Law enforcement officers will be notified by director/staff in charge immediately.</li> <li>The family will be notified by Site Director/staff in charge immediately.</li> <li>OKDHS Child Care Licensing will be notified by director/staff in charge immediately.</li> </ul>
<b>During Investigation:</b>	<ul style="list-style-type: none"> <li>All staff members and Site Director will work with the authorities for the safe return of the child to the family.</li> </ul>

**Emergency Plans and Procedures Review:**

<b>Plan Updates:</b>	<ul style="list-style-type: none"> <li>Plan is updated:                             <ul style="list-style-type: none"> <li>At least once every 12 months;</li> <li>Upon enrollment of children with disabilities or chronic medical conditions;</li> <li>After a drill when procedures are identified;</li> <li>After an emergency.</li> </ul> </li> </ul>
<b>Notification:</b>	<ul style="list-style-type: none"> <li>When modifications or updates are made, families will receive a notice with details about the change.</li> </ul>
<b>Personnel:</b>	<ul style="list-style-type: none"> <li>All staff are required to complete emergency preparedness training when hired.</li> <li>All staff are required to attend the program's Emergency Preparedness plan review twice per year.</li> <li>All staff are required to be familiar with plan procedures during drills and in emergency situations.</li> </ul>





## Nümü Türetüü Early Childhood Development Center Emergency Preparedness Plan

- I confirm that I have received, read and understand the Emergency Preparedness Plan.
- Any questions and concerns I may have regarding the Emergency Preparedness Plan will be addressed to the Site Director.
- I understand that it is my responsibility to keep my Emergency Contact Information sheet updated at all times.

Primary Guardian signature: \_\_\_\_\_

Secondary Guardian signature: \_\_\_\_\_

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



## Nāmū Tūretū Early Childhood Development Center Transition Plan

The quality standards we set forth in our program call for high quality care and learning programs to have and implement written transition plans for the children and families. Nāmū Tūretū ECDC has long implemented a variety of strategies to successfully transition children and families through these life passages successfully and confidently.

The five (5) key transitions this policy will focus on:

1. Transitions into our program;
2. Transitions while enrolled;
3. Transitions within the program day;
4. Family transitions outside of our program; and
5. Transitions when leaving our program.

### **Transitions Into Our Program:**

#### **a. Prospective Family Visits:**

Families considering enrolling their children are invited to visit the center for a tour. During this tour, families learn of our approach to teaching and learning (philosophy), see our learning environments, meet our teaching staff, and have opportunities to have their questions answered.

The goal of this visit is to make sure that our program is a “good fit” to prospective families.

#### **b. New Family Orientation Sheet:**

We use an orientation checklist to make sure the enhanced orientation is complete. The orientation includes:

- A tour of the building.
- Showing children where their cubby is.
- Meeting teaching staff.
- Playing in their classroom with peers and teachers.
- Conversations between family and teachers, as well as between children and teachers.
- Learning more about the ECDC Policies and Procedures, including drop-off and pick-up procedures.

Teachers also speak with the family about a child’s first day. We will also discuss ways to help the child and family deal with common separation anxiety.

The goal of orientation is to help children and families feel comfortable and part of the ECDC family, and ease the child into their first day of attendance.

#### **c. Family Information Sheet:**

When a family chooses to enroll, we provide families with several forms to complete in their “**Welcome Packet**”. In this packet, you will find “*Meet the Teacher*” and “*Meet the Family*” sheets. This sheet provides families the opportunity to tell us all about their child and family. From this sheet we learn about child interests, typical guidance approaches, family dynamics, health history, etc. These will be given to the child’s teacher and will stay in the classroom binder.

The goal of the family information sheets allows the families and staff the opportunity to get to know each other better.

#### **d. ECDC Family Handbook:**

Upon enrollment, families are provided with a complete ECDC Family Handbook. This handbook clearly explains program purposes and our policies and procedures.

The goal of this handbook is to help the family transition into the culture of the program with a clear understanding of how the program operates.

## **✚ Transitions Within the Program Day (cont'd):**

### **b. Notice of Change of Activity:**

Teachers walk around the room and give children time reminders (“In ten minutes, we will be cleaning up for group time.”). Teachers also involve children in announcing upcoming transitions in various ways.

The goal is to give children time to process what is about to happen in their routine and give children the opportunity to help with classroom duties.

### **c. Transition Activities:**

Teachers engage in many activities during transition waiting times. Examples of transition activities include singing songs, finger play, participating in movement activities (dance, exercise, etc.), teacher-led games, and skill-building exercises like counting or concentration games. Our teachers work together during transitions to help minimize waiting times.

## **✚ Family Transitions Outside of our Program:**

### **a. Family Services:**

When a family is experiencing challenging times, we work to connect the family with important resources so they receive the support and assistance they need.

## **✚ Transitions When Leaving Our Program:**

### **a. Pre-K and Kindergarten Transitions:**

We currently transport to 3 schools that are located near our center. When it nears the end of the school year, we will reach out to all 3 school administration staff and schedule a visit for our children who will be transitioning into “big kid school” the following school year. Once an agreement is made, we will take the children to visit the school and introduce them to certain staff. Teachers will encourage families to attend this trip as well.

### **b. Equipping Children to be Learners Who Can Succeed in School:**

First, we work to help children to be successful life-long learners by building in them the dispositions needed such as curiosity, cooperativeness, friendliness with peers, respect for teachers and administrators, ability to follow routines, ability to speak and listen, ability to follow directions, etc.

Second, we also develop academic skills and knowledge so children will know what they need to know when entering Pre-K or Kindergarten.

Third, we help families learn how to partner with their children’s teacher and school administrator. By encouraging families to attend *Family-Teacher conferences* at our center and get involved at our child care center, we are working to help them develop the understanding of how important their involvement is in their child’s continuing education.

### **c. Practical Help:**

When a child exits the program and moves to a new center, we help the family with this transition by providing a copy of the child’s documentation (birth certificate, SSN, etc.) so they can take it with them to the next care setting.

### **Summary:**

The above mentioned practices are consistently implemented to help children and families to best handle the various transitions that they face as they enter our center, while enrolled in our center, and as they exit our center. Since one of our goals is to develop lifelong learners, we believe that helping children and families learn to successfully navigate transitions while they are with us will help them learn the skills needed to handle transitions in their future.



## Payment Agreement for Services

The details outlined below must be agreed upon before your child(ren) can begin enrollment into our program. Failure to accept and abide by these terms will result in immediate denial of acceptance or termination of services.

**Payments/Co-Payments:**

- ! Billing will be complete by the 7<sup>th</sup> of every month.
- ! **Tribal Subsidy Clients:** Timesheets must be signed by the 10th of every month or you will be responsible for full payment of services.
- ! **ALL Payments/Co-payments are due by the 15<sup>th</sup> of every month.**
- ! Payments not received by the due date will receive a **\$30 late fee.**
  - Only one (1) late payment per family may be arranged every 6 months. Arrangements must be agreed upon and approved by the CCDF Administrator **prior to the due date.** No more than (2) payment arrangements made per year will be granted.
- ! The entire balance (including late fee) must be PAID IN FULL by the next billing due date (15<sup>th</sup> of every month) or your child(ren) will be dropped from the program. Balances cannot carry over for more than 30 days.
- ! If services are terminated for failure to pay, the account must be brought to a \$0 balance before you can reapply to the program.
  - Please note that your child(ren) will not get to re-enter the program immediately. Your child(ren) will be placed on the waiting list (if any).

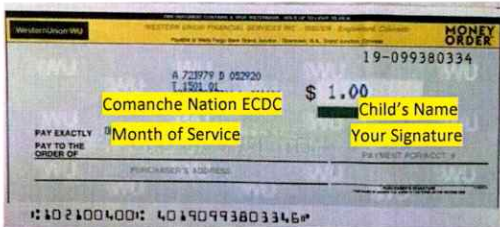
All payments must be made on the Procure App, or by cashier's check or money order only. **No cash payments or personal checks will be accepted.**

All transactions and payments received will be posted on your next statement and are viewable on the Procure app.

Payments in the forms of money order or cashier's check must be made at the center your child attends.

! Make money order or cashier's check payable to:

**Comanche Nation ECDC**



1. Write the child(ren)'s name legibly on the memo line on the money order/cashier's check so that proper credit will be given to your account.
2. Payments can be placed into the *Payment Drop Box*. Payments can also be given to the Site Director or the person next in charge.

### Technology Fee Policy

There will be an annual Technology Fee in the amount of \$40 per family assessed and due every November 15<sup>th</sup>. **Failure to pay by the due date will result in a \$10 late fee.** This fee will assist in the cost of software expenses and Procure payment system fees.

### Tribal Subsidy and OKDHS Families

Guardians are solely responsible for maintaining their subsidy/OKDHS status in good standing prior to their child's enrollment in our program. Families are required to notify tribal subsidy/OKDHS with a minimum of seven (7) days' notice to inquire about the necessary documentation required for approval. **This also pertains to annual recertification.** We will not permit a child to begin or maintain enrollment in our program until an approval letter has been received by tribal subsidy/OKDHS. **Families will have financial responsibility for all days of child care services provided that are not covered by tribal subsidy/OKDHS.**

• **OKDHS ECC Connect (Nʉmʉ Tʉretʉ and Apache ECDC only)**

All families receiving OKDHS assistance will need to download the **OKDHS ECC Connect App** to swipe their child in and out daily. Please contact OKDHS for assistance. You are allowed to back-swipe for up to 10 days. **Families will have financial responsibility for all days of child care services provided that are not covered by OKDHS.**

<input type="checkbox"/> I have read the Payment Agreement and understand the terms.	
<input type="checkbox"/> I agree to the Payment Agreement Terms.	
Guardian Printed Name:	
Guardian Signature:	Date:



## Pick-Up Authorization Form

I give permission for the person(s) listed below to pick-up my child(ren) \_\_\_\_\_ from the ECDC:

Person's Name	Relationship to Child	Contact Number	Date Added

**Blended Families:** If you need additional authorized people for certain children, but not all children, please complete the information below. If not, leave this section blank.

I give permission for the person(s) listed below to pick-up only the child(ren) listed below:  
 \_\_\_\_\_

Person's Name	Relationship to Child	Contact Number	Date Added

**\*A photo ID will be required for Pick-Up. A copy will be made and placed in the appropriate file.**

If you call the center to verbally give permission for an individual *not listed on the Authorized Persons Form* to pick-up your child, a *Verbal Authorization Form* will be completed by a staff member.

I understand that if it is my responsibility to request another form if I want to make changes to my Authorization Form.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Pick-Up Authorization Form

I give permission for the person(s) listed below to pick-up my child(ren) \_\_\_\_\_ from the ECDC:

Person's Name	Relationship to Child	Contact Number	Date Added

**Blended Families:** If you need additional authorized people for certain children, but not all children, please complete the information below. If not, leave this section blank.

I give permission for the person(s) listed below to pick-up only the child(ren) listed below:  
 \_\_\_\_\_

Person's Name	Relationship to Child	Contact Number	Date Added

**\*A photo ID will be required for Pick-Up. A copy will be made and placed in the appropriate file.**

If you call the center to verbally give permission for an individual not listed on the Authorized Persons Form to pick-up your child, a Verbal Authorization Form will be completed by a staff member.

I understand that if it is my responsibility to request another form if I want to make changes to my Authorization Form.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Updated on: \_\_\_\_\_  
 \_\_\_\_\_

## Emergency Contact Information Form

\*\* It is very important to keep contact information up-to-date. \*\*

Families are responsible for notifying the Site Director when contact information changes. Families may be temporarily suspended from receiving childcare services if updated contact information is not current. This form will be placed in the *Emergency* binder.

### Child(ren)'s Information

Child's Name	Date of Birth:	Allergies, Special Instructions, Comforting Items:

### Primary Family Contact Information

**Primary Guardian:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_ **Receive Text Messages?** \_\_\_\_\_ **Work #:** \_\_\_\_\_  
**Email (please provide an email that you check frequently):** \_\_\_\_\_  
**Place of Work:** \_\_\_\_\_  
**Work Address:** \_\_\_\_\_

**Secondary Guardian:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_ **Receive Text Messages?** \_\_\_\_\_ **Work #:** \_\_\_\_\_  
**Email (please provide an email that you check frequently):** \_\_\_\_\_  
**Place of Work:** \_\_\_\_\_  
**Work Address:** \_\_\_\_\_

### Medical Information

**Practice:** \_\_\_\_\_ **Doctor's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_

**Continued on the back.**



## Emergency Medical Treatment Authorization and Consent Form

Permission for medical care in guardian absence.

Child's Full Name:		DOB:
Name child answers to:	Child's Social Security Number:	
Present Medication(s)		
Known allergies:		
Date of last tetanus:	Religious Preference:	
Insurance:		*Please submit a Copy of Medical Insurance Card (if applicable)

I, \_\_\_\_\_ guardian of the child named above give my permission to *Comanche Nation Child Care Program (Early Childhood Development Centers)*, child care provider, to secure and authorize such emergency medical care and treatment as my child might require while under the provider's supervision. I also authorize the provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

**NOTE: Every effort will be made to notify guardians immediately in case of emergency.** In the event of an emergency, it would be necessary to have the following information:

Primary Guardian:	
Address:	
Contact Number:	Work Phone:
Secondary Guardian:	
Address:	
Contact Number:	Work Phone:
Doctor:	Phone:
Address:	
Preferred Medical Facility:	
Address:	
Phone:	

Emergency contacts if the Primary Guardian(s) cannot be contacted or are unavailable:

Name	Contact Number	Relationship

Primary Guardian signature:	Date:
Secondary Guardian signature:	Date:



## Administration Authorization Form

This form authorizes the Comanche Nation Early Childhood Development Centers to administer the following for my child \_\_\_\_\_:

(Print Clearly)

Check the box below for authorization.	Initial
<input type="checkbox"/> Sensitive Skin Ointment/Diaper Cream (Aquaphor, Eucerin, etc.)	
<input type="checkbox"/> Orajel	
<input type="checkbox"/> Tylenol/Motrin (teething purposes only - 1x during the day)	
<input type="checkbox"/> Sunscreen	
<input type="checkbox"/> Insect Repellant	

*Please maintain an adequate supply of essential items for your child. In the event that we need to utilize our supplies, the Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers cannot be held accountable for any adverse reactions or allergies that may occur.*

**Authorized Guardian:** \_\_\_\_\_  
(Signature) (Date)



## Illness Policy and Exclusion Agreement

*The details outlined below must be agreed upon before your child(ren) can begin enrollment into our program. Failure to accept and abide by these terms will result in immediate denial of acceptance or termination of services.*

**We will not accept children who are sick and/or displaying symptoms of illness.**

We must be able to provide the same level of care for each child in the classroom. If your child requires more care than usual due to illness, the child will be sent home until they are able to comfortably participate in daily activities. A doctor's statement may be required.

- ❖ If your child begins displaying symptoms of illness, you will be contacted immediately. **Failure to contact you or any of your emergency contacts within 15 minutes will be considered lack of family cooperation with our program policies and staff and may result in termination of services.**
- ❖ **Child must be picked up immediately or within 30 minutes of contact - no exceptions.**
- ❖ **Vaccinations:** Children must remain out for at least 24 hours after receiving a vaccine due to the possible onset of a range of side effects, including soreness, stiffness, and fever, which may not be immediately apparent.

Staff will start a *Signs and Symptoms of Illness Form*. This form will include symptoms observed and what is required before your child can return. Please refer to the list of requirements below:

- o Observe child. It is recommended that you take your child to be seen by physician if signs or symptoms continue or progress.
- o Must remain out of the center for **at least 24 hours after symptoms have completely ceased and display no symptoms before returning.**
- o Doctor's clearance of non-contagious illness **and clear of all symptoms required before returning.** **This includes all illnesses and viruses; pinkeye, cold, RSV, flu, COVID-19 (refer to Procedures for COVID-19), ear infection, etc. Doctor's clearance is required but may not always clear the child's return if symptoms are still present.**

**WE DO NOT ADMINISTER ANY MEDICATIONS - PRESCRIPTIONS OR OVER THE COUNTER.**

**We will not accept or keep children who are or begin displaying the following the symptoms:**

*(regardless of allergies, teething, side effects from vaccinations, etc.)*

Temperature of 100 degrees or higher	Constipation and/or severe gas
Complaining or displaying signs of pain	Unusual and/or infected skin irritation, rash or hives that is accompanied by a fever, behavior change, or any other symptom
Unexplained swelling on parts of the body	Bleeding or Drainage from any parts of the body
Trouble swallowing and/or loss of appetite	Glazed and/or swollen eye(s)
Increased irritability	Difficulty and/or rapid breathing, wheezing and/or shortness of breath
Drowsiness/lethargy (unable to participate in daily activities)	Asthmatic child with respiratory distress uncontrolled by current medication
Frequent urination and/or urinary pain	Severe and/or continuous coughing
Diarrhea or vomiting (Side effects from medication and/or food are not exempt from the policy.)	Congestion or severe runny nose

❖ **COVID-19 Exposure:**

If anyone living in the home has been exposed to COVID-19, please notify the center as soon as possible. It will be required that everyone living in the home who enters the center begin wearing a mask immediately and continue precautions for at least **ten (10) full days** after exposure.

If a child runs a fever of **100.4** or higher and/or begins showing symptoms of COVID-19, the child will be isolated immediately. A guardian will be contacted immediately. **Failure to contact you or any of your emergency contacts within 15 minutes will be considered lack of family cooperation with our program policies and staff and may result in termination of services.**

- ❖ **Child must be picked up immediately or within 30 minutes of contact - no exceptions.**

Before the child can return, a doctor's clearance will be required and the child must be completely clear of any signs and symptoms of COVID-19.

❖ **COVID-19 Positive:**

If a child or anyone in the home tests **positive** for COVID-19, **the child must isolate immediately and remain out of the center for at least five (5) full days.** Before the child can return, a doctor's clearance will be required and the child must be completely clear of any signs and symptoms of COVID-19. When the child returns, it is required that the child wear a mask for ten (10) full days.

*Our programs do not include detailed information about COVID-19 due to continual changes and updates on preventing the spread of the virus and variants that have emerged. We will follow the current CDC guidelines regarding COVID-19. Please visit CDC.gov for the latest COVID-19 guidelines. All Comanche Nation Early Childhood Development Center employees are required to abide by the Comanche Nation Human Resources Covid-19 Policies & Procedures*

- I understand and agree that my child must stay out of the center until they are free and clear of all symptoms of illness.
- I understand and agree that my child must be picked up within 30 minutes of contact when my child is ill or I will receive a late pick-up fee and am at risk for termination of services.
- I understand and agree that I must have alternative childcare for my child if they are ever ill and have to stay out of the center.

<b>Please print and sign below if you have read, understand and agree to the ECDC Illness Policy and Exclusion Agreement:</b>	
Print:	Sign:
Date:	



## Developmental Screening Authorization Form

Child's Name:	DOB:
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**Developmental Screening:**

Comanche Nation Early Childhood Development Centers are responsible for making sure all families have access to quality care and education for their children through community-based resource and referral services.

Although every child is unique and will learn and grow at their own pace, children are expected to develop in similar ways. By keeping track of developmental milestones, we will be able to support your child as they grow and identify right away if they may need extra help to learn.

If your child appears to lose or become hindered in important skills, such as speech, our teachers are required to schedule a Family/Teacher Conference to discuss the best way to help your child. Screenings and evaluations provide important context for healthcare providers. If there is a different approach you or your child's healthcare provider recommends, please notify your child's Teachers during the conference. Don't wait to speak to our teachers! EARLY INTERVENTION PROGRAMS CAN MAKE A BIG DIFFERENCE!

Our programs are here to provide the best resources and supplies to support each child and family through important developmental milestones.

**Referrals, Release and Privacy:**

Comanche Nation Early Childhood Development Centers communicate with outside referral services and often share information on child development and family background to be able to connect with the best resources that will benefit the child and family. If a referral is necessary or requested, a *Referral Evaluation Form* will be required along with authorization to release information.

**No Responsibility for Fees or Expenses:**

Neither the Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers, shall be responsible for any fees or expenses related to referral services. It is the sole responsibility of the primary guardian to cover all expenses related to referral services.

I authorize the Comanche Nation Early Childhood Development Centers to perform and schedule developmental screenings and evaluations on my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that neither the Comanche Nation nor the Comanche Child Care Programs, to include the Early Childhood Development Centers are responsible for any fees or expenses related to referral services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that it is the sole responsibility of the child's primary guardians to cover all costs and expenses related to referral services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian Signature:	Date:



## Transportation Authorization and Waiver Form

<b>Child Information</b>	
Child's Name:	DOB:
<b>My child requires a car seat or booster seat:</b> <input type="checkbox"/> <b>Yes</b> <i>(specify which one)</i> _____ <input type="checkbox"/> <b>No</b> <i>(All children under 8 years of age are required to be in a booster seat.)</i>	

I authorize *Comanche Nation Childcare Programs (Early Childhood Development Centers)* to transport my minor child in a program vehicle and/or staff POV (only in emergency situations), driven by an individual authorized by Comanche Nation. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is a requirement for participation in the program.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel;
- (2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,
- (4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

**Initial Each Statement**

\_\_\_\_\_ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

\_\_\_\_\_ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge *Comanche Nation Childcare Programs (Early Childhood Development Centers)*, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

\_\_\_\_\_ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

**Transportation Purpose:**

- Field Trips
- Emergency purposes (Relocation)
- Off-site activities
- Any reason deemed necessary by the program
- Shopping

**It is agreed that:**

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
3. Any motor vehicle used to transport my child(ren) will have current registration and insurance, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
4. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

Primary Authorized Guardian:	
Address:	
Cell Number:	Work Number:
Signature:	Date:

***Continue on back for School Transportation***



## Photo Release and Facebook Notice

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

Comanche Nation Early Childhood Development Centers will be taking photos and videos of children for various reasons related to the following:

- ✓ Art Projects
- ✓ Classroom/Center Decor
- ✓ Classroom Labels

Each site has a **private** Facebook group where updates, announcements, photos and videos are posted.

Comanche Nation Early Childhood Development Centers also participate and attend tribal and community events. In some cases, the Comanche Nation PIO may request a picture or video of the children to be posted in the newsletter, Comanche Nation Facebook page, or on the Comanche Nation Website. This remains the same for other media sources.

Circle responses:

1. I give permission for my child's photo to be used on the private Facebook group page:

- YES
- NO

2. I give permission for my child's photo to be used in the media, such as Comanche Nation Newsletter and/or website, local newspapers, and other media formats:

- YES
- NO

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Join us on facebook



Comanche Nation Child Care Programs

## Search groups:

Lawton ECDC

Onaa Kahni

We post announcements, reminders, photos and videos of the children and other various content related to early childhood education.



## Our groups are private.

- ! We ask that **ONLY** authorized family members join the group. Anyone that is not included on your child's [Authorized Person\(s\) Form](#) will not be accepted.
- ! Please keep in mind the privacy and safety of all children and families when sharing photos and videos to social media.
- ! Please remain respectful and mindful when posting and sharing to the group.
- ! No hate speech, bullying or political content will be allowed. Degrading comments about things like race, religion, culture, sexual orientation, gender or identity will not be tolerated. This will result in a permanent ban and termination from our facility.



## Infant Formula and Food Information Form

You will be required to update your *Food Information Form* each time a new food from the list below is introduced. We do not give new food to children until they have been introduced by the guardian at home.

Child's Name:	DOB:	Teacher(s):	Center: <input type="checkbox"/> Nt̄m̄t̄ T̄ret̄t̄ <input type="checkbox"/> Apache ECDC <input type="checkbox"/> Onaa Kahni
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**Infant meals must be provided by the family.**

- |                  |                 |
|------------------|-----------------|
| ✓ Infant cereal  | ✓ Infant food   |
| ✓ Infant formula | ✓ Infant snacks |

Please list type of Infant Formula	Number of ounces per bottle	How often does the baby take a bottle	Date	Guardian Signature
Example: Gerber Gentle	6 oz	Every 4 hours		

Please check which foods your child has been introduced to at home.

Foods fed to infant (5 - 7 months): When developmentally ready.			
Type of food	Date when food was introduced	Date when food may be served at the center (1 week after Parent/Guardian introduce)	Guardian Signature
Rice Infant Cereal			
Oatmeal Infant Cereal			
Fruits			
Applesauce			
Apricots			
Banana			
Cantaloupe			
Mandarin Oranges			
Oranges			
Peach			
Pear			
Pineapple			
Watermelon			
Other:			
Vegetables			
Broccoli			

Continue on back



## Safe Sleep Swaddle Authorization Form

Child's Full Name:	Child's DOB:	Date child turns 4 months:
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Our staff implement Safe Sleep practices to reduce your baby's risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. All staff are trained in *Safe Sleep: Reducing the Risk of SIDS*.

- ✓ Infants sleep in cribs with the sides fully raised and secured.
- ✓ Infants sleep directly on a tight-fitting sheet covering the mattress.
- ✓ Infants are protected from overheating by adjusting room temperature and clothing.
- ✓ Infants birth through 3 months of age may be swaddled with an infant-sized, thin fabric, such as a receiving blanket only when:
  - Requested by the guardians and permission is maintained
  - The infant is not mobile enough to move the fabric over his or her face
- ✓ Infants are placed on their back for sleeping, unless there is a medical reason.
- ✓ Infants who are able to turn themselves over, are placed initially on their back for sleeping, but may turn themselves over and sleep in a position they prefer.
- ✓ Only pacifiers without attachments to them are in rest equipment with infants, when used.
- ✓ Sleep positioners and elevated mattresses are prohibited, unless there is a medical reason as documented.
- ✓ Soft products, such as quilts, comforters, sheepskins, pillows, stuffed toys, and bumper pads are prohibited inside and on the side of infant rest equipment.

### Guardian Authorization to Swaddle

- I authorize the ECDC to swaddle my infant (birth through 3 months) with an infant-sized, thin fabric only when the infant is not mobile enough to move the fabric over his or her face.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## School Children Policy and Agreement

The details outlined below must be agreed upon before your child(ren) can begin enrollment into our program. Failure to accept and abide by these terms will result in immediate denial of acceptance or termination of services.

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We follow the academic calendars for the schools we transport to and from. We will not accept school children before or after the hours listed below. This includes children in the Preschool and School Age classrooms who attend school.

- Before School Hours: 7:00am to 7:50am
  - School children will not be served breakfast at our center. The final bus route leaves at 7:50am. All routes are scheduled to arrive at each school during school breakfast times.
- After School Hours: 3:30pm to 5:30pm

**School Age Classroom Hours:**

The School Age classroom is only open for before and after school hours during the school year, and during school breaks.

- Our School Age teachers will be assisting in other classrooms and utilized for breaks, teacher planning times and bus routes.

**No Entrance:**

We will not accept children who have been dismissed from school or are absent from school for the following:

- Illness (refer to *Illness Policy*)
- Behavior related reasons, such as suspension or expulsion (refer to *ECDC Zero Tolerance and Termination of Services; and Behavior and Guidance Policy*)
- Guardians chose a virtual day for their child for personal reasons (called out sick, woke up late, personal errands, etc.)

### **School Children Distance Learning (Virtual) Days**

**Preplanned Distance Learning Days:**

As long as OKDHS Childcare Staff to Child ratios permit, the School Age and Preschool classrooms will be open to school children for most preplanned virtual days according to the academic calendars.

**Unplanned Distance Learning Days:**

As long as OKDHS Childcare Staff to Child ratios permit, the School Age and Preschool classrooms will be open to school children for most unplanned virtual days due to the following unforeseen circumstances:

- Water break, power outage or other utility related circumstances
- Weather related circumstances
  - We require a minimum of one (1) hour notice before our center opens if you plan to choose a virtual day for your child(ren) on weather related optional virtual days.
- **School Illness closures:** Depending on how severe the spread of illness is in our area will determine if we will accept school children on the days the schools close due to illness.

**Technology Device:**

Children must bring their own technology device on virtual days. *The Comanche Nation nor the Comanche Nation Child Care Programs, to include the Early Childhood Development Centers, are not responsible for misplaced, stolen or damaged property.* Preschool and School Age staff will assist children with logging in and provide guidance on assignments, if needed. Staff are not responsible for academic scores or performance.

**Distance Learning Daily Rate:**

Families with children who attend a full day will be charged the full-time rate of pay for their age group.

<b>Please print and sign below if you have read, understand and agree to the School Children Policy and Agreement:</b>	
Print:	Sign:
Date:	