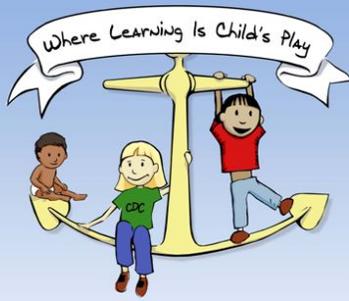


Child Development Center



GENERAL INFORMATION

Phone: 707-765-7334; **Fax:** 707-765-7093

Director: Noel Mitchell, Nicole.n.mitchell@uscg.mil

Assistant Director: Evette Earl, Evette.j.earl@uscg.mil

Trainer: Carol Diemer, Carol.diemer@uscg.mil

Location: The CDC is located aboard TraCen, Petaluma through base housing on Pennsylvania Ave. in the blue building. Look for our tricycles in the yard!

Size: TRACEN CDC is 1 of only 9 Coast Guard CDC's and has a capacity of 54 children.

Registration & Payments: Current registration is \$40 per child and is due annually. Payments are due in advance and are paid bi-monthly. Registration packets can be accessed at www.uscg.mil/hq/TraCenPetaluma/services/CDC/default.asp

Wait list: If space is unavailable, a \$25 fee will place your child on the wait list. This does not guarantee a slot. Wait list fees are nonrefundable but applicable to the registration fee should a slot be offered to you. We follow COMDTINST M1754.15 instruction with regards to priority.

Meals: The CDC serves daily breakfast, lunch, and an afternoon snack and follows CACFP (Child Adult Care Food Program) guidelines. In addition, we serve formula and baby food to infants. There is no extra cost for meals. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

HOURS: The CDC is open from 645-1700 Monday through Friday year round. We observe all Federal Holidays, and are closed 4 additional days per year for staff in-service training.

AGE GROUPS

- **Infant Room:** 6wks-13 months (Maximum of 8 with 2 teachers)
- **Toddler Room:** 12 months-2yrs (Maximum of 10 with 2 teachers)
- **Jr. Preschool:** 2 year olds (Maximum of 14 with 2 teachers)
- **Pre-K:** 3 years until Kindergarten (Maximum of 24 with 2 teachers)

RATES: Rates are based on TFI (total family income) of all members living in the household. TFI includes (but is not limited to :)

- 1) Monthly base income
- 2) Monthly BAH (*offset* for senior member only) regardless of living on/off base.
- 3) Monthly BAS
- 4) Monthly clothing allowance (STD)
- 5) Any *other* adult income in the home.

TFI does *not* include alimony or child support, worker's compensation or unemployment benefits.

PROGRAMS

Full time care is available from opening to closing daily, based on the needs of your family.

Part time PK is available from 8 AM to 12 Noon, Mon – Fri for children 3-5 years of age. Additional hours are available through Hourly Care.

Hourly Care (\$7/hr) is based on availability and is at the discretion of administration. There is a 10 hour per week limit on drop in care.

*Registration paperwork and payments must be current for ALL care.

OUR PHILOSOPHY: The purpose for Child Development Services Programs is to assist Coast Guard personnel, military and civilian, in balancing the competing demands of family life and the accomplishment of the Coast Guard mission, and to improve the economic viability of the family unit (COMDTINST M1754.15).



We are accredited by the National Association for the Education of Young Children (NAEYC). What does this mean? At the *heart* of the framework and standards are **the children**. NAEYC criteria lead to higher quality programs while recognizing that all children have individual learning styles, strengths, and needs. We believe that positive relationships between the children and caregivers (teachers) are fundamental to a harmonious environment that promotes learning and growth.

We are consistently striving for improvement and want to partner *with parents*. We recognize you as your child's first teacher, and have an "open door" policy for parents of enrolled children to visit at any time.



2016

**Two Rock Child Development Center
Hours of Operation & Days of Closure**

**Regular Hours of Operation:
Monday - Friday
6:45am to 5:00pm**

The Center will be closed on the following days:

Jan 1st - New Year's Day

Jan 18th - MLK Day

***Feb 12th - In Service Training & Teacher Conferences**

Feb 15th - President's Day

***April 15th - In Service Training**

May 30th - Memorial Day

July 4th - Independence Day

Aug - Coast Guard Day, early closure @ 10:45

***Aug 19th - In Service Training & Teacher Conferences**

Sept 5th - Labor Day

Oct 10th - Columbus Day

Nov 11th - Veterans Day

Nov 24th - Thanksgiving

***Nov 25th - In Service Training & Teacher Conferences**

Dec 26th - Christmas

***The CDC will close quarterly for mandatory staff training.**

***Coast Guard personnel are expected to pick up their
children within one hour when Liberty is granted.***

Proposed Petaluma CDC Rates as of 2016

Tier	Total Family Income	Full Time Per Month	Part Time PK* 5 Days	Part Time PK* M/W/F	Part Time PK* T/Th
1	< = \$30,466	\$250	\$155	\$112	\$81
2	\$30,467 - \$36,993	\$340	\$205	\$140	\$99
3	\$36,994 - \$47,873	\$430	\$260	\$168	\$117
4	\$47,874 - \$59,841	\$550	\$335	\$224	\$153
5	\$59,842 - \$76,162	\$670	\$405	\$266	\$180
6	\$76,163 - \$88,079	\$750	\$455	\$294	\$198
7	\$88,080 - \$103,622	\$820	\$495	\$322	\$216
8	\$103,623 - \$129,572	\$850	\$515	\$336	\$225
9	\$129,573 > =	\$880	\$530	\$350	\$234

*Part Time PK is available from 8:00 AM to 12:00 PM and includes breakfast and lunch.

** Hourly Care is available for \$7.00 per hour and is limited to 10 hours per week and is based on space availability. Parents who need more than 10 hours per week will be accommodated on a case-by-case basis if space allows.

Average Cost of Child Care Off Base As Of July 2015

	Child Development Centers		Family Child Care Homes	
	Infant Weekly Full Time	Preschool Weekly Full Time	Infant Weekly Full Time	Preschool Weekly Full Time
Sonoma County	\$257.93	\$195.28	\$214.72	\$204.65
Cloverdale	N/A	\$175.00	\$186.67	\$176.67
Cotati	N/A	N/A	\$225.00	\$200.00
Healdsburg	N/A	\$190.00	\$205.00	\$205.00
Petaluma	\$300.00	\$239.79	\$224.00	\$212.50
Rohnert Park	\$289.33	\$207.97	\$216.28	\$204.88
Santa Rosa	\$237.67	\$192.41	\$212.86	\$203.71
Sebastopol	N/A	\$164.33	\$213.36	\$202.29
Sonoma	\$240.00	\$193.13	\$223.08	\$215.38
Windsor	\$238.50	\$124.50		

Basic Care Items

1. Basic care items are limited to topical items used for the prevention of sunburn, diaper rash (ointments and lotions), and teething irritation. Parents of children showing any indication of disease (infected sunburn, diaper rash, or gums) will be notified and referred to a health provider for diagnosis and treatment. Use of basic care items will be discontinued until the health provider determines further use will not be harmful. Pacifiers are also considered a basic care item.

2. Basic care items used in Child Development Center (CDC) programs must be labeled with the child's name. The basic care item must be applied at home and the child observed for a minimum of 24 hours before the item is applied in a CDC setting. This limits the chance of an unfavorable reaction to the basic care item in the CDC setting. Parents must complete the Administration of Basic Care Items permission (below). The slip is stored with the basic care items and maintained in the child's file after one year.

3. The following are examples, but by no means a complete list, of basic care items:

Lotions	Diaper wipes	Lip balm
Eucerin	Diaper ointments	Baking Soda
Vaseline	Teething gels	(for Bee stings)
Baby oil	Sun screen/sun block	

Administration of Basic Care Items Permission

Memorandum For Record

Subject: Administration of Basic Care Items

Date: _____

In accordance with medical guidance, parents must sign a permission slip for the administration of basic care items on an annual basis. Please complete and submit the following information for placement in your child's records.

USCG TraCen Staff have my permission to use the following basic care item(s):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Pacifier | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> Vaseline | <input type="checkbox"/> Baby Oil |
| <input type="checkbox"/> Diaper Wipes | <input type="checkbox"/> Diaper Ointment |
| <input type="checkbox"/> Sun Screen | <input type="checkbox"/> Lip Balm |
| <input type="checkbox"/> Teething Gel | <input type="checkbox"/> Baking Soda (for Bee stings) |
| Other: _____ | Other: _____ |

I certify that the items selected have been used before with no known reaction(s).

Child's Name _____

Parent Signature _____

Child Information Record – Please complete and bring to your Parent Orientation so that the teachers can know a bit more about how to take the best possible care of your child.

Date Completed: _____

Child's Full Name: _____ Nickname: _____

Parents/Guardians Names: _____

Parents' Occupations: _____

Pre-Enrollment Visit Date: _____ Caregiver's Initials: _____

Room Orientation Date: _____ Program Director's Initials: _____

Typical Drop-Off and Pick-Up Times: _____

Family

Language(s) Spoken at Home: _____

Others in Household: _____

Define your family's culture/background _____

Do you have a religious celebration you would like us to recognize? Describe _____

Do you celebrate holidays? **Y** **N** If so, which holidays do you celebrate?

If not, what important information would you like us to be aware of (how you prepare meals, special vacations, say goodbye/transition, etc.)? _____

Experiences

Where did you live prior to Petaluma? _____

Describe your child's previous child care experiences, if any. What other play/social experiences outside of child care has your child had (play groups, cousins/family, etc.)? _____

What are your goals for your child while in care? _____

Child's Temperament (Social & Emotional Adjustment)

Easy or Flexible Active or Feisty Slow-to-Warm or Cautious

How does your child react to strangers? _____

What makes your child happy? _____

What upsets/frightens your child? _____

What are your child's favorite activities? How do you play with your child? _____

Developmental Areas:

Current Verbal/Language Skills: _____

Child Information Record – Please complete and bring to your Parent Orientation so that the teachers can know a bit more about how to take the best possible care of your child.

Problem Solving Skills: _____

Self-Help Skills: (toileting, washing, dressing, feeding, personal responsibility, etc.) _____

Strengths: _____

Areas of Concern: _____

Health & Nutrition:

Does your child have any environmental or food allergies? Describe. _____

Is your child receiving medication now? **Y N** Name of Medication: _____

Will your child require medication while in care? **Y N** Name of Medication: _____

Describe your child's feeding routine (frequency, use of utensils/cup, preferences, etc.) _____

Child's Food Preferences/Foods to Avoid: _____

Describe your child's sleeping routine: (wake/bedtimes, length of naps, sleep thru the night, bed/crib, how child wakes, signs of fatigue, etc.) _____

Describe your child's diapering/toileting routine: (type of diapers used, how often changed, special instructions)

For Infants Only

Are you breast or bottle feeding? _____

If breast feeding, will you come to the center for feedings? **Y N** At what time(s): _____

If not, will you send in expressed breast milk? **Y N**

If bottle feeding:

Type of formula _____ How much do you feed at a time? _____

Does your baby drink bottles of water during the day? **Y N** When & how much? _____

Is your baby eating solid foods? **Y N**, Which ones? _____

When? _____ Amount consumed at a time? _____

How do you prepare them? _____

How is your baby used to being fed and in what position? _____

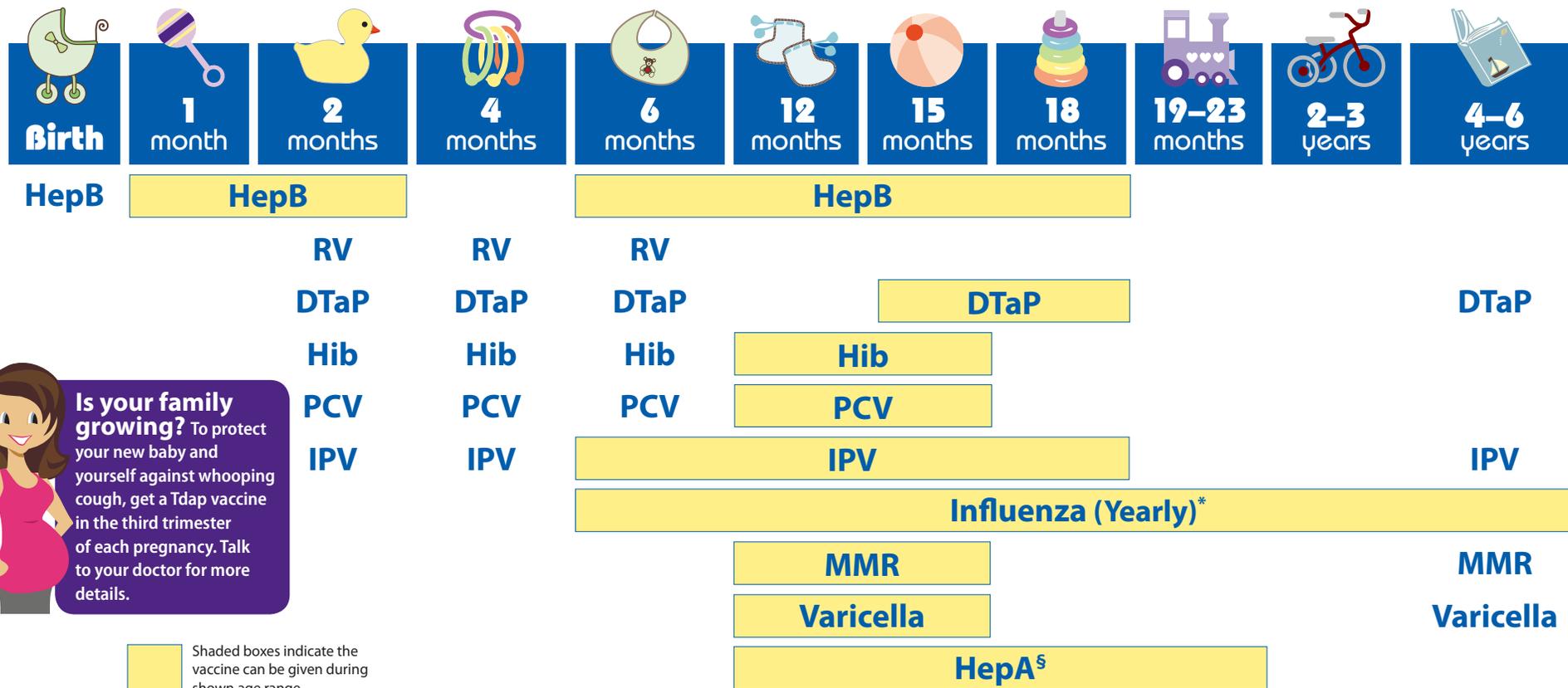
Does your baby eat any finger foods? If so, which ones? _____

How does your baby like to be held? _____

Does your child like to be taken from the crib immediately or lie alone for a few minutes before holding?

We put babies to sleep on their backs. Is your baby used to sleeping in this position? **Y N**

2014 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES: * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Keep me home if...

I'm vomiting.



2 or more times in 24 hours.

I have head lice.



AND have not had my first treatment yet.

I have diarrhea.



2 or more watery stools more than usual.

I have an eye infection.



Red eyes with white or yellow mucus AND haven't seen a doctor yet.

I have a sore throat.



With fever or swollen glands.

I'm just not feeling very good.



Unusually tired, pale, lack of appetite, confused cranky or in pain.

I have a rash.



AND fever or mouth sores with drooling.

We have a fever.



AND sore throat, cough, rash, vomiting, diarrhea, pain or just not feeling good.

WHEN YOUR CHILD IS SICK:

1. HAVE PLANS FOR BACK UP CHILD CARE.
2. TELL YOUR CAREGIVER ABOUT YOUR CHILD'S SIGNS OF ILLNESS, EVEN IF YOUR CHILD STAYS HOME.

Thanks to the Seattle-King County Department of Public Health and The California Childcare Health Program for this information.

05/2013

www.ucsfchildcarehealth.org



Family Name: _____ Classroom _____ Date: _____

PARENT SURVEY – SY 2015-2016

Dear Parent(s):

Our center is in the process of developing a parent involvement program, including parent education opportunities. Parents play an important role in the intellectual, social and emotional growth of their children. This program will be designed to help children become more successful by supporting their parents during these important years.

In order to design a program that will meet the needs of you and your child, and to help us form a better partnership with you, please answer the following questions and return this survey to a teacher or the front office. As a thank you for your time, we will be awarding each family who returns a survey with a Parent Participation Point!

1. What is your number one parenting challenge? _____

2. From what source do you get most of your information about parenting and child development?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Television |
| <input type="checkbox"/> Children | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Teachers/Director | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Newspaper | |

3. Would you be interested in attending a class or session on how parents or family members can help their children learn at home?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4. Please indicate below the type of workshops you would like to participate in to help you help your child learn.

- | | |
|---|---|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Power struggles and defiant behavior |
| <input type="checkbox"/> Toilet learning | <input type="checkbox"/> Improving your child's self-image |
| <input type="checkbox"/> Picky eating | <input type="checkbox"/> Building your own parenting skills |
| <input type="checkbox"/> Sibling rivalry | <input type="checkbox"/> Communicating with the school (parent/teacher conferences) |
| <input type="checkbox"/> Temper tantrums | |
| <input type="checkbox"/> Setting limits | |
| <input type="checkbox"/> Kindergarten transition | |
| <input type="checkbox"/> Understanding your child's temperament (shy/feisty/etc.) | |

5. Where would you prefer parenting programs be held?

Family Name: _____ Classroom _____ Date: _____

- In the center
- In the home of a parent in your neighborhood or area
- In your home (private parenting support/coaching)
- Other location, on or off base. Please specify _____

6. Would you be willing to host a group session in your home?

- Yes
- No

If you answered "yes," please provide your name and telephone number so someone may contact you.

Name _____

Telephone Number _____

7. How would you prefer to receive parent education information?

- Online webinars or videos
- Articles or websites via email
- On/Off-site workshops (please specify preferred time of day)
 - Mornings
 - Afternoons
 - Evenings

8. Would you need for child care to be provided?

- Yes
- No

9. Special needs (e.g., interpreter for the deaf or hearing impaired, Spanish)

- Yes – please specify: _____
- No

10. As a parent, do you have concerns about any of the following?

- Your child's development
- Discipline
- Spending enough time with your child
- Dealing with your child's problems
- Motivating your child to do well in school
- Working with the center and teachers
- Understanding the center's program
- Balancing a demanding work life with parenting
- Other: _____

11. What suggestions do you have of other ways we could help you to help your child learn?

CDC Parent Participation Program Information



How Parent Participation Points Work:

-  Participation Points may be accumulated from month to month until the parent or family earns **10** points to receive a **10%** reduction on one month's fee for one child.
-  When parents are interested in volunteering, they should contact management at the CDC to begin the participation process.
-  Parents will utilize a Parent Participation Sign in Sheet in order to track points.
-  Participation hours may be accrued in no less than $\frac{1}{2}$ hour increments.
-  Points are non-transferable to other families.
-  Reduction must be applied prior to first of the month billing. [The reduction will be applied to the first of the month payment rather than the mid-month (15th) payment.]
-  Points do not expire as long as the Family holds a valid registration; unused points will be carried forward from year to year when registration is renewed.

Examples of ways to earn Points:

Program Evaluation – Accreditation, assisting with parent surveys, classroom evaluations, etc	1 pt per hour spent
Parent Education – Attend CDC-sponsored parent education session or PAC meeting.	2 pts per session/meeting or 1 pt per hour spent in preparation of PAC agenda.
Community or Special Events – Coordinate a volunteer effort or work a shift at a community event, function or production. (Does not include points for attendance alone)	1 pt per hour of time spent
Classroom Activities – Participate in program activities, assist on field trips, assist with lunchtime, share talent, etc.	1 pt per hour of time spent
Program-Wide Projects – Repair toys and equipment, prepare newsletter, assist in CDC office, assist in maintaining staff or parent libraries, create bulletin boards, etc.	1 pt per hour of time spent
Individual Projects – Make games, record books on CD, create prop boxes, sew or make classroom materials.	TBD in advance. Consideration given to time spent.

CHILD DEVELOPMENT SERVICES AND CHILDREN WITH SPECIAL NEEDS (Encl. 1)

Coast Guard Child Development Centers (CDC) and Coast Guard Family Child Care (FCC) Homes include children with special needs (e.g., asthma, allergies, physical disabilities, vision and hearing problems, attention deficit disorder, developmental disabilities, behavior challenges and mental health conditions, etc.) in their programs. To ensure that the special needs of your child could be adequately met and managed at our facilities, the following documents must be obtained and reviewed by the Special Needs Resource Team (SNRT), prior to your child's placement in our care:

1. CDC/FCC enrollment forms, Child Health Form (Encl.4), and child immunization records.
2. Medical documentation specifically addressing the following;
 - a. Nature of child's disability or special need.
 - b. The child's special requirements for care, diet, and medication.
 - c. Special accommodations that the facility must make to accept the child.
 - d. Physician's opinion that the child will benefit from the type of program offered.
3. Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).

The goal of this process is to share information to ensure the success of your child's placement in our programs. You will be notified of the time of the meeting. You are encouraged to invite to the meeting a knowledgeable professional who could present details about your child's special needs. The team will make recommendations about your child's placement at the time of the meeting, or as soon as all required documentation is received and reviewed.

If for any reason, we would not be able to care for your child in our facility, we would provide you with information about alternative programs.

For further information about the Special Needs Resource Team (SNRT) or Coast Guard Special Needs Program, please contact:

**Family Resource Specialist
CDC Director**

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[Accessibility Assistance](#)



County of Sonoma Department of Health Services
Women-Infants-Children
 Supplemental Nutrition Program

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Income Guidelines

Effective April 1, 2014 to June 30, 2015

Number of Persons in Family Unit	GROSS INCOME					
	Annual	Monthly	Bi-Monthly	Bi-Weekly	Weekly	Hourly
1	\$21,590	\$1,800	\$900	\$831	\$416	\$9.93
2	29,101	2,426	1,213	1,120	560	13.45
3	36,612	3,051	1,526	1,409	705	16.97
4	44,213	3,677	1,839	1,698	849	20.50
5	51,634	4,303	2,152	1,986	993	24.02
6	59,145	4,929	2,465	2,275	1,138	27.54
7	66,656	5,555	2,778	2,564	1,282	31.10
8	74,167	6,181	3,091	2,853	1,427	34.58
9	79,273	6,607	3,304	3,050	1,525	38.11
9+	\$7,326 per added family member	\$611 per added family member	\$306 per added family member	\$282 per added family member	\$141 per added family member	\$3.52 per added family member

Note: A pregnant woman counts as **2** in determining number of persons in family unit.

If you exceed the income guidelines above, but are receiving Medi-Cal, Food Stamps, or TANF, you may still be eligible for WIC benefits.

The USDA is an equal opportunity provider and employer.

This page was last updated on January 27, 2015 by [Webmaster](#)

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

Parent or Guardian:

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

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

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

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

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

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

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

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

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

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