



# Quechan Child Care Center Information/Criteria



For childcare services or questions, call the center at **Phone:** (928) 977 – 2667

**Address:** 628 Picacho Road, Bldg. 2, Winterhaven Ca, 92283

### **MISSION STATEMENT:**

The Quechan Child Care Center (QCCC) offers full-time care for infant, toddler, preschool, and school-age children 8 years of age and under. We provide before- and after-school care for Head Start, Preschool, and School-age children.

Our mission is to deliver high-quality childcare services that support and strengthen families, empowering parents to maintain employment, pursue education, and access essential support systems. At the heart of our care is a commitment to fostering cultural pride and identity. We honor and integrate Quechan traditions, language, and values into our daily programming to ensure that each child develops a strong sense of self and belonging. By celebrating our heritage and encouraging intergenerational learning, we nurture the spiritual, emotional, and cultural wellbeing of the children, their families, and the wider community.

### **ELIGIBILITY:**

#### **TO BE ELIGIBLE FOR SERVICES, PARENTS AND/OR CHILDREN MUST BE:**

- 1) ENROLLED TRIBAL MEMBER(S), IN A FEDERALLY RECOGNIZED INDIAN TRIBE**
- 2) MUST RESIDE ON THE FORT YUMA QUECHAN INDIAN RESERVATION OR THE SURROUNDING SERVICES AREA (YUMA, AZ AND WINTERHAVEN CA)**
- 3) MEET THE FINANCIAL CRITERIA FOR ADMISSION:**

#### **I. CCDF FAMILY INCOME ELIGIBILITY LEVELS BY STATE**

**Table 1. Initial Income eligibility limit in dollars and as percentage of State Median Income (SMI):**

<b>State</b>	<b>Eligibility as percentage of SMI Family of 3</b>	<b>Income Eligibility Threshold (monthly) – Family of 3</b>	<b>Eligibility as percentage of SMI Family of 4</b>	<b>Income Eligibility Threshold (monthly) – Family of 4.</b>
<b>Arizona</b>	<b>85%</b>	<b>\$3,419</b>	<b>54%</b>	<b>\$4,125</b>
<b>California</b>	<b>85%</b>	<b>\$7,472</b>	<b>85%</b>	<b>\$8,712</b>

**TO REMAIN ELIGIBLE FOR SERVICES, FAMILIES WILL BE RE-CERTIFIED EVERY 6 MONTHS.**

The center provides services to special needs and low-income families that are at or below the poverty level. A sliding fee scale may be used to determine income eligibility according to family size. Low-income families will be considered a priority.

To be eligible for services, you must complete an application.

Child Care Services may be provided for Parent/Guardian that is:

- Verified Employed (full-time/Part-time)
- Verified Student/Education (Enrolled in: high school, adult education, college)
- Verified Participant of Job training/work program (i.e.: WIOA/DOL)

**EXTRA-CURRICULAR ACTIVITIES NOTICE**

**APPOINTMENTS, SHOPPING, SPORTS, SLEEPING, AND OTHER NON-ESSENTIAL ACTIVITIES WHILE YOUR CHILDREN ARE IN DAYCARE ARE NOT PERMITTED AND MAY RESULT IN THE LOSS OF CHILDCARE SERVICES.**



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**The Quechan Child Care Center's hours of operation are from  
7:30 am until 5:30 pm. Monday through Friday.**

**Please contact the center in advance, or as soon as possible to  
inform the staff and arrange for your child's pickup.**

**DELAYS ARE NOT PERMITTED AND MAY RESULT IN THE LOSS OF  
CHILDCARE SERVICES.**

**Thank you,**

**Quechan Child Care Center Staff**

## Quechan Child Care Center Application

### **REQUIRED APPLICATION DOCUMENTS:**

Completed Application

Birth Certificate – Child Only

Tribal ID (Parent/Guardian, and all children attending childcare)

Guardians must provide proof of guardianship (court custody documentation)

Proof of all income (employment, public assistance, food stamps, cash aid, child support, per-capita, etc.)

Proof of residence (Utility bill, Rent receipt)

Immunization – Child Only (must be up to date)

Well baby check / Physical exam – Child Only

Work Schedule with hours of employment specified (must be on Official/ company letterhead)

If attending school (proof of classes, days, and hours attending. Must be on an official document.)

\*In order for us to provide childcare services for the applicant(s), all documentation must be in the packet at the time of placement\*



QUECHAN CHILD CARE CENTER APPLICATION  
BLDG #2



PHONE: (928) 977-2667

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Arizona	85%	\$3,419	54%	\$4,125
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Childcare services needed for: (Check all that apply)

- Employment (full-time/part-time)
- Education (High School, Adult Ed, College)
- Job Training (WIA/DOL)

**Section 1 – Application Information (please print)**

Child's Name (Last, First, Middle):		Birthdate (MM/DD/YYYY):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Tribal Affiliation:	Tribal Enrollment #	

<b>Race:</b> Native American/Alaska Native Native Hawaiian/Pacific Islander White Asian Bi-Racial/Multi-Racial Black/African American	<b>Ethnicity:</b> Hispanic-Latino Non-Hispanic - Latino
<b>Mailing Address:</b>	<b>City, State, Zip:</b>
<b>Home Address:</b>	

**Section 2- Parent/Guardian Information**

<b>Parent /Guardian Name:</b>		<b>Child lives with this parent/guardian:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Race/Ethnicity:</b>		<b>Tribal Affiliation:</b>	
<b>Address:</b>		<b>City, State, Zip:</b>	
<b>Home Phone#:</b>	<b>Work Phone#:</b>	<b>Cell Phone#:</b>	
<b>Email address: (optional)</b>			
<b>Highest level of education:</b> <input type="checkbox"/> Less than HS <input type="checkbox"/> Current HS <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Associates or Higher <input type="checkbox"/> Bachelors		<b>Occupation:</b>	
<b>Employer /School Name:</b>		<b>Employer /School Address (Number, Street, City, Zip):</b>	
<b>Employed:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed		<b>Attend School:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

Parent /Guardian (Additional) Name:		Child Lives with this parent/guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity:		Tribal Affiliation:	
Home Phone#:	Work phone#:	Cell Phone#:	
Email Address (optional)			
Employer /School Name:		Employer /School Address (Number,Street,City,Zip):	
Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed		Attend School: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Family Composition: <input type="checkbox"/> Teen Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parents			
Relationship Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Live-In Relationship <input type="checkbox"/> Single			

Total number of family members financially supported by the income of the parent/guardian of the child enrolling in the Child Care program. Including those related to the parent/guardian by blood, marriage, or adoption. Total counted in household: \_\_\_\_\_

**Section 3 – About Your Child**

Is your child currently in foster care?: <input type="checkbox"/> Yes <input type="checkbox"/> No	(If <b>yes</b> , please provide a current official placement letter from a foster care worker.)
Case Worker Name:	Telephone Number#:
Does your child have a diagnosed disability or special need?	

**QUECHAN CHILD CARE CENTER**  
**PARENT'S RIGHTS AND RESPONSIBILITIES**

At Quechan Child Care Center ("Center") we welcome parents to visit at any time during regular business hours. You have full access to the Center to check on your child or observe the care we provide.

If you'd like to join your child for lunch, simply let us know by 9 a.m. so we can include you in our meal count.

Your child will always be under supervision and will never be left alone at any time. We believe in positive guidance and redirection as a means of discipline. Your child will never be subjected to verbal abuse or physical punishment.

Your child will engage in activities designed to support their social, emotional, physical, and cognitive development. Our qualified staff, including C.D.A. teachers, thoughtfully plan age-appropriate activities to encourage learning and growth.

We are committed to treating both you and your child with understanding and respect. Open communication between parents and staff is encouraged to create a positive and nurturing environment.

**PARENTS RESPONSIBILITIES:**

Please notify the Center immediately of any changes during your attendance, including updates to your residence, employment, emergency contacts, your child's health, or custody arrangements. Additionally, inform the Center by 9 AM if your child will be absent for any reason.

Please ensure your child has an extra set of clothing, including underwear and/or pull-ups, regardless of their age. Additionally, closed-toe shoes are required for their safety and comfort.

**Daily Sign-In & Sign-Out Requirement:**

Parents or guardians must sign their child in and out each day using their signature. Please note: Only individuals 18 years of age or older are authorized to complete this process. Your child must be under staff supervision before you leave.

Only individuals listed as emergency contacts will be authorized to sign your child out of the center.

**By signing this document, you agree to abide by the rights and responsibilities outlined for parents/guardians at the Quechan Child Care Center**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
QCCC Staff

\_\_\_\_\_  
Date

**PARENTAL AGREEMENT**  
**STATEMENT**

**Agreement Statement**

I acknowledge and agree to the following responsibilities regarding my child's attendance at the Quechan Child Care Center:

- If a schedule change is needed, I will inform the manager (or a designated staff member) before bringing my child.
- In case of an emergency, I will provide three reliable phone numbers to ensure contact can be made.
- I will maintain back-up child care options if my child is unable to attend due to health-related reasons, staff training closures, or unforeseen circumstances such as electrical outages, lack of air conditioning, or water service interruptions.
- I will adhere to all required pick-up times.
- I will drop off and pick up my child within 15 minutes before and after my verified scheduled shift or class ends.
- I will notify Center staff in advance (or as soon as possible) if my child will be absent due to illness, vacation, or family-related reasons.
- If I am unable to pick up my child, I will make arrangements for someone else to do so and notify the Center.

By signing below, I confirm my understanding and commitment to these responsibilities.

Parent/Guardian \_\_\_\_\_

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

QCCC Staff: \_\_\_\_\_

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

\*\*Misuse of Child Care services can result in your child being dropped from  
the center\*\*



## QUECHAN CHILD CARE CENTER

### HEALTH POLICY



Quechan Child Care Center follows strict guidelines to ensure effective disease control and maintain a safe environment for all children. There will be instances when a child becomes ill and must be sent home or may not be accepted into care due to illness.

To prepare for such situations, parents are required to have an alternate care plan in place for their child. If a child falls ill while in our care, they will be temporarily isolated from other children to prevent the spread of illness.

A parent or authorized individual must pick up the child within 30 minutes of being notified. We appreciate your cooperation in helping us maintain a healthy and safe space for all children.

#### **Health & Wellness Notification**

To ensure the well-being of all children in our care, parents will be notified to pick up their child if they exhibit any of the following symptoms:

- **Fever** of 100 degrees or higher
- **Persistent diarrhea** (two occurrences within one hour)
- **Excessive coughing**
- **Difficulty or rapid breathing**
- **Conjunctivitis (pink eye)** – A doctor's note is required to return
- **Unusual sores or rashes** – Clearance from a doctor is required to return
- **Vomiting**
- **Head lice or the presence of nits**
- **Signs of lethargy, irritability, or persistent crying** after medication (beyond typical tiredness)
- **Other symptoms** that, in the opinion of Child Care staff, indicate a possible contagious disease

Our priority is to maintain a healthy environment for all children. We appreciate your cooperation and understanding in keeping our community safe

**Parents will be informed if their child is exposed to a contagious illness at the center. If your child becomes ill, please notify the center promptly. In certain cases, staff may request documentation from a physician to confirm that the child is no longer contagious before returning.**

**Children must be symptom-free for 24 hours before returning to the Center**

**Medication Policy**

Staff members are not permitted to administer medication to children. If a child requires medication during the day, it is the responsibility of the parent or guardian to administer it.

**Immunization Policy**

Children must be up to date on all required immunizations. Failure to meet immunization requirements may result in exclusion from child care until immunizations are brought up to date.

Parent Signature: \_\_\_\_\_ Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**\*By signing this form, you are acknowledging that you have read and agree to the terms of the QCCC health policy\***

QUECHAN CHILD CARE CENTER  
HEAD LICE POLICY



**Quechan Child Care Center Head Lice Policy**

At Quechan Child Care Center, we strictly enforce a **Zero Tolerance Policy** regarding head lice.

**No Lice or Nits (Dead or Alive) are permitted.**

- Head checks will be conducted twice a week to ensure a lice-free environment.
- Any individual found to have head lice or nits will be sent home immediately.
- Upon returning to the center, a head check will be required to confirm clearance.
- Staff is responsible for documenting all cases of head lice.
- If needed, staff can provide information and guidance regarding head lice prevention and treatment.

**Acknowledgment and Compliance Statement:**

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Parent/Guardian Signature

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Date

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QCCC Staff

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Date



# EMERGENCY CONTACT FORM



Emergency Contacts for: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's work #: \_\_\_\_\_ Mother's work #: \_\_\_\_\_

1 <sup>st</sup> contact:	
Name: _____	Relation to child _____
Address: _____	
Home Ph.# _____	Cell Ph.# _____
2 <sup>nd</sup> contact (If 1 <sup>st</sup> contact is unavailable)	
Name: _____	Relation to child: _____
Address: _____	
Home Ph.# _____	Cell Ph.# _____
3 <sup>rd</sup> Contact: (If 1 <sup>st</sup> and 2 <sup>nd</sup> contact is unavailable)	
Name: _____	Relation to child: _____
Address: _____	
Home Ph.#: _____	Cell Ph.#: _____
Health Status	
What if any health problems exist in family?	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Problem
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other: _____
Does child have special needs?	
<input type="checkbox"/> Speech	<input type="checkbox"/> Physical
<input type="checkbox"/> Mental	<input type="checkbox"/> Other: _____

In case of injury or sudden illness \_\_\_\_\_ will be called. I hereby give authority to any hospital doctor and / or paramedic to render first aid as might be required at the time for his/her safety.

Parents/Guardians Name (Print): \_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_