

PARENT HANDBOOK

RAINS INDEPENDENT SCHOOL DISTRICT
CHILD DEVELOPMENT CENTER

Rains Independent School District
Child Development Center Parent Handbook

Directors
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6 Weeks through 4 years

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**Throughout this handbook, “CDC” refers to Child Development Center.

CHILD DEVELOPMENT CENTER OVERVIEW

RAINS I.S.D. CHILD DEVELOPMENT CENTER MISSION STATEMENT

The mission of the Rains I.S.D. Child Development Center is to provide childcare services for district employees, and members of the community and surrounding areas. The Child Development Center supports the school district's efforts to recruit and retain the community's most highly qualified employees to serve the educational needs of Rains public school children.

Our Focus and Goals:

- Provide a stable nurturing early childhood environment that promotes developmentally appropriate practice and positive learning experiences for children ages 6 weeks to 5 years (Pre-K).
- Our focus is to provide a stimulating early care and education experience which promotes each child's social /emotional, physical and cognitive development.
- Employ staff who provide a positive influence on children in the classroom and support that staff in their continued professional growth and development.
- Provide various support services for the families, helping to create a positive environment for all.
- Reduce absenteeism and support recruitment efforts of the school district.
- Serve as an example to the community and other school districts.

Program Philosophy

Young children thrive in learning environments that provide developmentally appropriate learning opportunities. The Rains I.S.D. Child Development Center is a nurturing, learning environment designed to enhance the physical, social, emotional, cognitive, and creative development of young children.

Each child is a unique individual with needs, interests, and potential that must be respected and nurtured by attentive, caring, and knowledgeable teachers. Because self-worth is the foundation for all other learning, teachers provide age-appropriate activities that challenge children and encourage successful outcomes. Children need reassurance, encouragement, and loving care by a positive and responsible adult who provides guidance in problem solving, decision making, and adaptation to new situations. The goal for the children, is to become self-reliant, competent individuals who are developmentally ready for entry into the public-school system at the appropriate time.

Hours and Months of Operation, School Calendar, Cost

Operating Hours:

Monday-Thursday 7:00 AM – 5:30 PM

One Friday each month 7:30 AM-4:00 PM

Please note that if R.I.S.D. is observing an early release day (1:00 PM) for all children and staff, the CDC will have a closing time of 5:00 PM.

The Rains I.S.D. CDC operates, August through May, following the R.I.S.D. employee calendar. Childcare is available for staff development days and other workdays in which R.I.S.D. employees are required to work.

Cost Per Day	Description
\$29 per day	<i>Full-time</i> Infants, 6 wks-17 months
\$26 per day	<i>Full-time</i> 18 months-Pre-K
\$1.00 per minute	Late fee (beginning with the first minute)
\$5/week off	2nd Child + Discount

***Rates are based on the number of calendar days center is open. We offer full time care only and you will be charged on days your child is absent**

In order to avoid a late fee, please arrive in time to pick up all children you have enrolled, before the designated closing time.

All parents/guardians are responsible for paying late pick up fees. Late fees are due before the start of each new week.

Payment Terms:

Parents/Grandparents/Guardians Employed by Rains ISD:

All fees and deductions must be payroll deducted for parents/grandparents/guardians that are employed by Rains ISD. An itemized worksheet will be submitted for you to review, sign, and return before your first payroll payment deduct. Fees will be an annual charge and are based on actual employee calendar days. They will be deducted on a 12-month schedule. Adjustments in tuition cannot be made for days your child is absent unless your child is withdrawn from care. Late pick-up fees must be paid by payroll deduct.

Parents/Guardians (Non-District Employees):

Tuition payments are collected by the CDC monthly, unless other terms are requested and approved by the CDC director. Full payment is expected on or before the date that starts each new month. Late pick-up fees must be paid upon late arrival unless approved by CDC Director for another date.

Child Care Services (CCS)-Referred Parents:

Monthly Parent Share of Cost (PSOC) is to be paid by the parent to RISD CDC prior to receiving care for a child or children. See **Appendix: J & K** for Parent Attendance/Absence Reporting Policy and Parent Share of Cost (PSOC) Policy.

Enrollment Eligibility

Rains I.S.D. Child Development Center enrolls children ages 6 weeks to 4 years. Enrollment is open to Rains I.S.D. employees and anyone in the community and surrounding areas. Full-time care, Mon.-Thurs. and one Friday a month (6 weeks – 4 years) enrollment is available. Acceptance will be offered on a first come first served basis. The Rains I.S.D. CDC enrolls children without regard to race, sex, ethnic origin, religion, or handicap. ***We reserve the right to refuse service for discipline issues. See termination of care policy (Appendix C-2)***

Waiting List

The Rains I.S.D. Child Development Center will enroll the maximum number of children in each age group or class then start a waiting list. Applications received for the waiting list will be date stamped and handled accordingly. The CDC director will monitor the waiting list and contact the next person on the list as space becomes available. A Waiting List Application must be completed for each child you wish to enroll. Acceptance will be offered on a first come first served basis.

Enrollment Procedure

To enroll a child at the Rains I.S.D. Child Development Center, you must submit a complete registration form to the CDC director. In some cases, applicants may need to put their name on a waiting list until an opening is available in the desired classroom or age group. Complete one registration form for each child you wish to enroll.

Once the decision to enroll is made, families must complete the following, sign where applicable, and return these to the CDC **prior to the child's first day of attendance.**

- **Signed/Initialed** Admissions Information (Skyward)
- **Signed** Student Health-Care Professional Statement (See **Appendix: A**)
- **Signed** Acknowledgment of Receipt of Parent Handbook (See **Appendix: B**)
- **Signed** Acknowledgment of Receipt of Biting Policy (See **Appendix: C**)
- Current Immunization Record with *physician's signature*

As long as a child remains enrolled at R.I.S.D. CDC all information in the file must be updated to remain current.

NOTE: Parents will be notified by letter or email of any enrollment procedure policy changes.

To help new families with the transition to Rains I.S.D. Child Development Center, we offer a parent orientation to review the center parent handbook with policies and procedures.

Termination of Enrollment by Parent

If it is determined that a parent/guardian wishes to terminate their child's enrollment, a written request to the CDC director must be made, one month in advance for district employee parents and one week in advance for all other parents/guardians. Failure to follow the steps to properly terminate enrollment, may result in one-month tuition being called due for district employees, along with any late fees that may be pending.

The parent/guardians are responsible for incurred childcare bills. No notification is needed if a mutual decision between parent and the director has been reached and found that placement is inappropriate for a specific reason.

Check-In/Check-Out Procedure

Children must be escorted in and out of care through the designated CDC area only, unless directed otherwise by a staff member. Children must never be left or taken without the knowledge of child development center staff.

Sign In/Out forms or an electronic form (Brightwheel system) is provided for each class.

Children must be **signed in**, with the arrival time and initials of the person dropping off or the initials of the CDC director. *Brightwheel system records the time and initials

Children must be **signed out** by an authorized adult, with the departure time and initials of the authorized person or the initials of the CDC director. *Brightwheel system records the time and initials

Your child's teacher uses the Sign In/Out system to account for all children throughout the day and in the event of an emergency.

NOTE: In addition to the above, all **CCS Referred Parents** are required to use the provided Child Care Automated Attendance (CCAA) Point of Service (POS) Attendance Reporting System.

See **Appendix J:** Parent Attendance/Absences Reporting Policy

Procedure for Release of Children

Except in an event associated with the Texas Family Code, children will be released only to their parents/guardians or to the persons named by parents in writing as having permission to pick up their child.

Each child will have records on file in which the parent can list people they authorized to pick up their child. Only people on this list will be allowed to pick up a child. Make sure your list is up-to-date and that you notify the director in writing of any changes. In addition to your written notification, staff may take additional steps to verify the identity of your authorized pick-up person by contacting you for additional information before releasing the child to their custody. Please be sure we always know how to reach you.

If an unfamiliar person arrives to pick up a child, staff will check the person's picture identification and ensure that it matches with the list in the child's admission record.

If an unfamiliar person arrives to pick up a child and staff have established that the person has not been authorized by the parent to pick up the child, staff will attempt to contact the parents.

Children will not be released to anyone without proper identification or authority. In the event a person takes a child without authorization, staff will make every effort to get a description of the individual, the car, and the license plate number. The police will be called immediately. The child's parents and the center director will be notified as well.

Visitor Policy (Parents & Other Visitors)

Parents may have the unique opportunity to visit their children throughout the day. We allow and encourage this. There are certain non-transition times of the day that are more appropriate for visitation. Talk to your child's teacher or CDC director for the best time to visit. Things we ask you to consider when visiting:

- How does your child react to having you in the classroom?
- Does your child have a difficult time separating at the end of a visit? If yes, a decision should be mutually agreed upon between the parent and teacher on how to handle the situation going forward. It may be decided that it would be best if parent visits should be attempted at a time when the child appears to be more comfortable with the situation.

- Parents are always welcome to observe their child or the classroom through other means. Likewise, parent participation in classroom activities and celebrations is welcome.

During operating hours, all visitors must report to the Director's office for approval to enter and to sign in. Visitors are required to visit the director's office and sign out when they are ready to leave the building. Any visitor (other than the parent/guardian of specific child being visited) must have written authorization from a parent/guardian prior to visiting. This excludes any persons listed on child's pick-up or emergency contact list. Unauthorized visitors requesting to visit a specific child will be detained in the office area while a parent/guardian is contacted for a verbal or written approval. If no contact can be made, the visitor will be asked to leave and is welcome to return once parent has notified the center that the person will be visiting. Proper identification must be presented upon request.

Note:

Minimum Standard for Child-Care Centers: §746.1401. What minimum standards must substitutes, volunteers, or persons under contract with my center comply with?

(a) For purposes of this rule:

(1) Persons under contract with your center are "contractors"; and

(2) It does not matter if a substitute, volunteer, or contractor is paid or unpaid.

(b) Substitutes not counted in the child/teacher ratio must comply with minimum standards that apply to employees, except as otherwise provided in this division.

(c) Volunteers and contractors who are regularly or frequently present at the child-care center but not counted in the child/teacher ratio must comply with minimum standards that apply to employees.

(d) Substitutes, volunteers, and contractors who are counted in the child/teacher ratio must comply with minimum standards that apply to employees and teachers, except as otherwise noted in subsection (e) of this section.

(e) Volunteers, including parents, who only supplement the ratios for field trips and water activities do not have to comply with the minimum standards that apply to employees and teachers, but they do have to comply with the relevant minimum standards in Subchapter E of this chapter relating to (Child/Teacher Ratios and Group Sizes).

f) Substitutes, volunteers, and contractors who do not meet teacher qualifications must never be left alone with children.

(g) All substitutes, volunteers (except for those volunteers noted in subsection (e) of this section), and contractors must complete orientation before beginning the relevant duties.

(h) For substitutes, volunteers, and contractors counted in the child/teacher ratio, the remaining 16 hours of pre-service training (the first eight hours must be completed before being counted in the child/teacher ratio) must be completed within 90 days of beginning the relevant teacher duties. If the person completes the

pre-service training after that 90 day period, the person must cease performing any teacher duties at the center until the person completes the pre-service training.

Meals and Nutrition

Monthly tuition includes two (2) snacks per day for all children who can eat "table food" or are 12 months and older. Monthly menus will be posted on the CDC main bulletin board and may also be found on the Rains ISD website. Formula, breast milk, special snacks and "baby food" for infants 6 weeks -11 months of age must be provided by the child's parents or legal guardians until the child is developmentally able and willing to eat the table food provided by the CDC.

If a child is sent with a meal from home, RISD CDC is not responsible for its nutritional value or for meeting the child's daily food needs. Parents need to read and complete **Appendix: G** for Meals from Home. Breakfast and lunch meals will be available for purchase and prepared by RISD Food Service Department using (CACFP) Child and Adult Care Food Program menu that follows the state minimum standards for childcare facilities. Purchased meals will be served with milk & possibly juice. Water will also be served with every meal and snack.

Children may eat breakfast at school from 7:00 a.m. - 8:00 a.m. each morning. The children will be served a mid-morning and afternoon snack daily. Check your child's classroom schedule for exact lunch time.

If your child has not eaten before arrival at the CDC, parents must provide them with a breakfast and lunch from home that can be eaten *during the scheduled mealtimes*. Mealtimes are set around daily activities. Teachers and children will dismiss to class activities on time. If you arrive late or outside of the scheduled breakfast or lunch times and your child will be eating at school, we may ask that you stay with your child so that they will have enough time to eat.

Children are not allowed to share food brought from home with one another. If you choose to send breakfast or lunch from home for your child, please try to ensure it is nutritious. Educational resources are provided on **Appendix: G**. Please refrain from sending caffeinated beverages or candy with your child. If your child comes to school with these items, the teacher will send the items back home at the end of the day. We will always have water for the children if they do not come with a non-caffeinated beverage. If their meal does not provide the nutrition your child needs to thrive throughout the day, we reserve the right to have RISD Food Service serve appropriate food for your child. You will be responsible for the payment associated

with the meal. **Items brought from home MUST be labeled with your child's name. We reserve the right to label anything that has not been labeled at home.

If you are currently breast feeding your child, you are welcome to feed your child at the center or provide breast milk for your child's teacher to use. If you choose to come to the CDC to breast feed your child, a comfortable place within the infant classroom will be provided.

Any food or beverage brought from home must be labeled with the child's full name and date.

Health and Safety

At all times, health and safety are top priorities at the CDC. Each individual staff member's vigilance regarding health and safety issues contributes significantly to our effectiveness.

Specific Conditions which Require Exclusion

Fever, exclude until child has been fever free for 24 hours, or until medical evaluation indicates inclusion.

- Oral temperature of 101 degrees or greater (**with or without** behavior changes or other signs or symptoms of illness)
- A tympanic (ear) temperature above 100 degrees (**with or without** behavior changes or other signs or symptoms of illness). Tympanic thermometers are not recommended for children under six months old;
- Axillary (armpit) temperature of 100 degrees or greater (**with or without** behavior changes or other signs or symptoms of illness); or
- Non-contact temperature of 100 degrees or greater (**with or without** behavior changes or other signs or symptoms of illness) *note: manufacturers may recommend taking temp. several times at different site on the forehead to search the parts with the highest temperature.

NOTE: RISD Staff will not use oral method for taking temperature.

Signs of possible severe illness, including unusual lethargy, irritability, persistent crying, difficulty breathing.

- **Uncontrolled diarrhea**, defined as an increased number of stools compared with the child's normal pattern, with increased stool water and/or decreased form. Even one *diarrheal incident may require exclusion if it is not contained by the child's diaper* **AND** is combined with other symptoms. A child must be excluded after 3 episodes of diarrhea **with or without** other symptoms. *Exclude until symptoms have disappeared for 24 hours.*
- **Vomiting** two or more times in the previous 24 hours unless vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration. *Exclude until symptoms have disappeared for 24 hours.*

- **Mouth Sores** with drooling unless the child's physician or local health department authority states the child is non-infectious.
- **Rash with fever or behavior change**, until a physician has determined the illness not to be a communicable disease.
- **Purulent conjunctivitis**, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including a child with eye pain or redness of the eyelids or skin surrounding the eye. May return 24 hours after treatment begins and symptoms have disappeared.
- **Infestation (e.g. scabies, head lice)**, may return after treatment. All nits and egg sacks must be removed prior to child's return. It is necessary for the clinic personnel to check for continued infestation upon child's return to school.
- **Impetigo**, until 24 hours after treatment begins.
- **Streptococcal pharyngitis**, until 24 hours after treatment has been initiated, and until the child has been fever free for 24 hours.
- **Pinworm and ringworm infections**, until 24 hours after treatment begins.
- **Chicken Pox**, until 6 days after onset of rash or until all lesions have dried and crusted.

Policies developed by the American Academy of Pediatrics/American Public Health

Association pertaining to the exclusion of children with other contagious diseases will be followed.

Specific Conditions that Do Not Require Exclusion:

- Children who have a type of germ in their bowel movement or urine that can cause disease, but is not giving any symptoms to the child whose stool or urine contains the germ
- Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, pus coming from the eye, or eyelid redness.
- Children with a rash, but no fever or change in behavior (must be released by a physician if the rash was determined to be contagious).
- Children with cytomegalovirus infection, carriers of hepatitis B and HIV infection.
- Children with a clear nasal discharge; however, please note that cloudy, yellow, or green nasal discharge can be a sign of infection and can lead to exclusion from group care.

Procedure for Management of Illness

If a child appears mildly ill:

- Parent/guardian will be notified. Teacher will inform parent of child's symptoms and review the policies and procedures for school participation.

- Child will be cared for apart from the other children and, if necessary, given a place to rest.
- When necessary, contact the child's parents to make pick up arrangements. If a child does need to be picked up and excluded from care, a parent or guardian is expected to arrive within one hour of being called. If a child is not picked up within an hour, the parent will be called again as a reminder. Late pick up fees may be assessed for time exceeding 1 hour past notification.

Some communicable diseases must be reported to public health authorities so that control measure can be implemented. A list of these diseases can be found on the communicable disease chart in the Minimum Standard Rules for Licensed CDC Centers. A complete copy of the Minimum Standard Rules is available for review online at <https://hhs.texas.gov>. Notify the CDC director if your child's physician determines your child has a reportable disease.

When contagious illnesses, such as flu, chicken pox, etc., appear in a class, notices will be posted on the bulletin board and/or an email message will be sent to all parents. The ill child's identity will not be revealed in any posted or emailed notices.

One of the best ways to prevent the spread of disease is to strictly enforce the policy for ill children and staff. We need your help for this; the guidelines for the exclusion of children who have infections that pose a risk to others apply equally to staff members.

Illness/Symptom Free Rule

One of the most serious challenges facing group care situations for young children is preventing illness.

CDC uses the following guidelines to protect children and staff from contagious illness. If your child becomes ill while a child in attendance, the child will be kept comfortable and isolated in a supervised space and parents will be notified to **pick up their child from the CDC within one hour of notification**. Late pick up fees may be assessed for time exceeding 1 hour past notification. By state regulation, you must keep your child home until all symptoms of illness have passed and the child is no longer contagious. A child must be excluded from the CDC when:

- The illness prevents the child from participating comfortably in child-care center activities, including outdoor play.
- The illness results in a greater need for care than teachers can provide without compromising the health, safety, and supervision of the other children in care.

THE 24-HOUR 'SYMPTOM FREE' RULE

The CDC's policy requires that a child be free of symptoms of illness; fever, diarrhea, or vomiting for at least 24 hours before returning to the CDC.

Fever-free means without medication for fever reduction.

Please keep in mind that if we send a child home because of illness, the child will not be admitted to the CDC the next day because the 24-hour period will not have elapsed. Before remittance to the CDC, we reserve the right to require a health-care professional's statement that the child no longer has an excludable disease or condition.

Medications/Medical Ointments

You must complete a Permission to Apply Ointments and Permission to Administer Medicine form **See Appendix: H and I** any time you need the CDC staff to administer medication or apply ointment (over the counter and prescription) to your child. Examples of ointments: diaper rash ointment, Neosporin, oral gel, various first-aid treatment items. Medications and Ointments must have current expiration dates and, in the case of a prescription, have been prescribed to the child in question. **The RISD Child Development Center will not administer medication that has been prescribed to anyone else.** The following guidelines must be followed when bringing medications to the CDC:

Both prescription and over-the-counter medications must be in the original container with the pharmacy or factory label intact and clearly legible.

The prescription label must include the following information:

- Date
- Child's Name
- Specific directions for dosages and times to be given
- Physician's Name (if prescription medication)
- Expiration Date

The OTC medication label must include the following information:

- The dosage information specific to the child's age range. **NO EXCEPTIONS WILL BE GIVEN TO THIS.**

Medication must be administered according to label directions, including obtaining instructions from your doctor if your child falls into an age range for which the label states to "consult a physician". Your child's teacher can help guide you in the proper procedures for this.

CDC staff may administer over-the-counter medications on a case by case basis only. We will not accept open-ended directives from parents to administer medications.

Medications are stored in locked areas in the CDC and include a designated space in the refrigerator. **It is unsafe to leave medications in your child's cubby or diaper bag.** Medications (over the counter and prescription) found in your child's cubby or diaper bag will be moved to the CDC's designated medication storage location. Please ask for assistance from the CDC staff for proper storage of all medications.

Food Allergies

According to the FDA, there are more than 160 foods that can cause allergic reactions in people with food allergies. The law identifies the eight most common allergenic foods. These eight foods identified are milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, and soybeans. For more information regarding food allergens, check out our Parent Information Board and or visit:

<https://www.fda.gov/food/buy-store-serve-safe-food/what-you-need-know-about-food-allergies>

RISD CDC requests to be notified when a child has been diagnosed with a food allergy, especially those allergies that could result in dangerous or possibly life-threatening reactions either by inhalation, ingestion, or skin contact with a specific food. It is important to disclose the food to which the child is allergic, as well as the nature of the allergic reaction. Please contact the CDC director if your child has a known food allergy or as soon as possible after any diagnosis of a food allergy. You will be required to provide a diagnoses statement from the child's health care professional. Once received, the CDC director will put an individualized food allergy emergency plan into place based on this information. The child's health care professional and parent must sign and date the plan. This document will be kept in the child's file and staff will be made aware of the plan.

Head Lice

Head lice, although not an illness or a disease, is very common among children and is spread very easily through head-to-head contact during play, sports, or nap time and when children share things like brushes, combs, hats, and headphones. Because lice spread so easily, the CDC will need to exclude any child found to have live lice until after one treatment of an FDA-approved shampoo or cream rinse, which can be purchased from a drug store or grocery store. If careful observation indicates that a student has head lice, the school nurse and or CDC director will contact the child's parent and inform the parent that the child will need to be picked up from school and will need to stay home until after an initial treatment is applied. After the student has undergone one treatment, the parent should check in with the CDC director to discuss the treatment used. The director can also offer additional recommendations, including subsequent treatments and how best to get rid of lice and prevent their return. More information on head lice can be obtained from the TDSHS Web site at <http://www.dshs.state.tx.us/schoolhealth/lice.shtm>.

Toilet Learning

Once your child is 24 months of age the staff of the CDC is willing to work cooperatively with you on toilet learning. When you and your child are ready to begin toilet learning, please meet with your child's teacher to determine an appropriate routine and procedure that will need to be followed while at school and at home. If you feel your child is showing signs of readiness between the ages of 18 months to 23 months, you are welcome to talk to your child's teacher about introducing the idea to your child and determine together if it is in the best interest of your child to begin at that time. **Be sure to bring in extra clothing during this transitional period. Soiled articles will be stored in a plastic bag for parents to take home to launder.** We strive to make the transition into undergarments a positive learning experience using encouragement and praise. We feel that with the work of both the teacher and parents, we can be successful in helping a child achieve toilet learning. Every child is different, and we understand that each child will train when they are ready, and it cannot be forced.

Immunization Requirements

Note: Immunization records must be kept up-to-date and documented at the CDC. All Immunizations records must have the healthcare provider's original signature or signature stamp to validate authenticity. If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to the Registration Form. This affidavit will remain in effect for two years and must be resubmitted accordingly. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to the Registration Form.

The RISD Child Development Center is required to abide by the Immunization Guidelines set forth by the Texas Department of Family and Protective Services (DFPS). The guidelines are as follows:

- (a) Each child enrolled or admitted to Texas licensed childcare centers must meet applicable immunization requirements specified by the Texas Department of Health.
- (b) Immunizations are required in Texas Elementary, Secondary Schools and Institutions of Higher Education. This requirement applies to all children in care from birth through 17 years of age.
- (b) Except as otherwise provided in this division, all immunizations required for the child's age must be completed by the date of admission.
- (c) A child may be enrolled provisionally for up to 30 days if the parent can provide written documentation from a health care professional that the child has received at

least one immunization in each series required for that age child, and a statement of when the remaining immunizations will be completed.

(d) Documents acceptable for immunization records must have been validated by a physician or other health care professional with a signature or rubber stamp and include:

- a. The child's name and birth date;
- b. The number of doses and vaccine type; and
- c. The month, day, and year the child received each vaccination.

(e) Documentation on file at the CDC may be the original record, a photocopy, or a handwritten copy that the CDC director has signed.

(f) Exclusions to the Texas School Immunization Requirements

Exclusions from compliance are allowed on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children and students in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code, §§§161.004(d), Health and Safety Code, §§§161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resources Code, Chapter 42.

(1) To claim an exclusion for medical reasons, the child or student must present a statement signed by the child's physician (M.D. or D.O.), duly registered and licensed to practice medicine in the United States who has examined the child, in which it is stated that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

(2) To claim exclusion for reasons of conscience, including a religious belief, a signed affidavit must be presented by the child's parent or guardian, stating that the child's parent or guardian declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two-year period. The child, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of public health.

(g) Additional information or clarification can be obtained on the Texas Department of Health Internet website at: www.tdh.state.tx.us/immunize.

Note: Tuberculin testing (TB) requirement: Not currently required

Health Statement Requirement

The CDC is required to abide by the Health Statement Guidelines set forth by the Texas Department of Family and Protective Services (DFPS). The guidelines are as follows:

Within one week after the date of admission, each child must have on file a health statement that is:

- (a) A written statement, from a health-care professional who has examined the child within the past year, indicating the child is physically able to take part in the child-care program;
- (b) A signed affidavit from the parent stating that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization of which the parent is an adherent or a member; or
- (c) A signed statement from the parent giving the name and address of a health-care professional who has examined the child within the past year stating that the child is able to participate in the program. This must be followed by a signed statement from a health-care professional as specified in paragraph (1) of this subsection within 12 months of the date of admission. (See **Appendix: A**)

Vision and Hearing Screening Requirement

The CDC is required to abide by the Vision and Hearing Screening Requirements set forth by the Texas Department of Family and Protective Services. The guidelines are as follows:

- (a) The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for the following children who are enrolled in a childcare center:
 - 1. First-time enrollees who are three years of age or older and all children enrolled in programs who are four years of age by September 1 of each year will be screened for possible vision and hearing problems prior to completion of the first semester of enrollment or within 120 calendar days of enrollment, whichever is longest, or present evidence of screening conducted one year prior to enrollment; and
 - 2. Vision and Hearing Screening will be conducted by a certified screener employed by Rains Independent School District.
- (b) A licensed or certified screener or health care professional must conduct the screening. Refer to Texas Health and Safety Code 36.011, for specifics

on vision and hearing screening. This information may be accessed on the Internet at: <https://statutes.capitol.texas.gov/Docs/HS/htm/HS.36.htm>.

(c) The childcare center must keep one copy of the following at the center for each child required to be screened:

1. The individual vision and hearing screening; or
2. Signed statements from the child's parent that the child's screening records are current and on file at the pre-kindergarten program or school the child attends away from the CDC. The statement must be dated and include the name, address, and telephone number of the pre-kindergarten program or school.

Reporting of Accidents and Injuries

The CDC staff will inspect the children's indoor and outdoor play areas regularly for unsafe conditions. You are asked to report any hazards you see to the director.

Though teachers are trained to be alert, sometimes accidents happen when children play or have a disagreement with a playmate. Minor bumps and bruises will be cared for by the teachers and recorded on an *Accident/Injury Report*. If a serious injury should occur, the parent or legal guardian will be notified immediately.

Current emergency contact information must always be kept in your child's file. Our staff is trained in CPR and first aid, but emergency medical services will be called if necessary.

Parent Notification

A parent will be notified by phone if a child is bitten, has a mark on his or her face or head, or has a possible severe injury. The director will be notified in cases of possible severe injury.

Emergency Medical Treatment

If a child should have a medical emergency at school when the parent cannot be reached, the school will need to have written parental consent to obtain emergency medical treatment, and information about allergies to medications, foods, insect bites, etc. Therefore, parents are asked each year to complete emergency consent information within Skyward. **Parents should keep emergency care information up to date (name of doctor, emergency phone numbers, allergies to medications, etc.).** Having current information will be of critical importance should an accident or injury occur that requires medical attention. Please update this information within the Skyward system and notify the director right away if an update is made during the school year.

Biting Policy & Procedure

See **Appendix: C** for detailed biting policy and procedure.

Children's Product Safety

RISD Child Development Center will distribute and post monthly Consumer product Safety Commission recall lists (CPSC) according to the Texas Child Care Licensing Standards. It is mandated that no unsafe products are in the CDC or in the classrooms.

Safety Procedures

Emergency Preparedness Plan

RISD has established a Crisis Response Team that works in conjunction with local emergency personnel to promote and ensure the safety of students and district employees.

CRISIS CODES

From time to time, children, teachers, and other district employees will participate in preparedness drills of emergency procedures. When the command is given or alarm is sounded, students need to follow the direction of teachers or others in charge quickly, quietly, and in an orderly manner. Procedures for emergency drills are posted in each classroom and are available to all parents upon request.

The signals for these drills are as follows:

Shelter-in-Place (Lock Down) Drill - indicated by announcement
Building Evacuation (fire drill) - indicated by alarm and flashing lights in hall
Shelter-for-Weather Drill- indicated by announcement

DRILLS

Children will participate in building evacuation (fire), shelter-for-weather, and shelter-for-intruder (lock-down) drills during the school day at various times throughout the year.

In an emergency, the first responsibility of staff is to move the children to a designated safe area or alternate shelter known to all employees, teachers, and volunteers.

These drills help educate everyone so that in the event of an actual emergency staff and children are prepared. Exit maps are in each classroom. In the event of severe weather, we will remain at the CDC area unless instructed to relocate to a different area within the Intermediate School. The CDC meets all the requirements for fire and safety codes.

*In the event of an emergency that would require immediate action of the CDC staff to relocate children to a safe place away from the CDC/Intermediate Campus for a period of time, we would take the children to the Elementary campus, 372 FM 3299, Emory, TX 75440, contact info: 903-473-2222. In the event of an emergency that would require CDC staff to relocate children to a location other than the Elementary campus, we would take the children to Emory City Centre and FEMA Tornado Shelter located at 735 N. Texas St. (Hwy 19), Emory, TX 75440, contact info: staff cell phone/Brightwheel. Children will be transported by bus or other transportation necessary to safely relocate. (Maps to designate relocations-Attached)

*In the event of a drill or actual emergency, children will be relocated to a designated safe areas or vehicle transportation to, are as follows:
Older children will be walked or carried and children younger than 24 months old, will be carried, taken in a car seat (if available), stroller, wagon, or rolling port-a-cribs or special emergency evacuation cribs. Parents will be notified of relocation once children are secured at the new location.

Parents may join you in waiting during an emergency but should not take children away from the group during an emergency drill or real emergency. This is to ensure that all children are accounted for throughout the duration of the emergency.

Staff will evacuate with the following essential documentation for each child:

- (A) Parent and emergency contact telephone numbers for each child in care.
- (B) Authorization for emergency care for each child in care.
- (C) The class attendance record, in order to account for each child.

*All this documentation is located inside each *CLASSROOM BINDER* which is kept in the *EMERGENCY "TO GO" BAG*. Each teacher is required to take these items with them when exiting the classroom with children throughout the day.

Teachers are responsible for keeping their emergency information current for each child. Current emergency information can be obtained from the director/assistant director.

Emergency Numbers

Emergency –911
Non-Emergency Police – 903-473-3181
Non-Emergency Fire – 903-473-3234
Poison Control Center–1-800-222-1222

Child Abuse/Family Violence– 1-800-252-5400

Emergency School-Closing Information

Each year, parents are asked to complete emergency release information in Skyward to provide contact information if school cancels classes, postpones start times or is dismissed early because of severe weather; or another emergency, or if the campus must restrict access due to a security threat. If the campus must make a change to the operating schedule or restrict access to the building because of an emergency, or medical pandemic, see ***Pandemic Emergency Response (Appendix M)***, the district will alert the community in the following ways:

www.rainsisd.org

Brightwheel

Remind App

KMOO-FM 99.9

KSCH-FM 95.9

WBAP-AM 820

KGVL-AM 1400

KIK-FM 93.5

Television Channels 4, 5, 8, 11

Gang Free Zone

The Rains I.S.D CDC is in a Gang-Free Zone. Under the Texas Penal Code (sections 71.028 and 71.029), any area within 1000 feet of a child-care center is a gang-free zone where criminal offenses related to organized criminal activity are subject to harsher penalty.

Preventing & Responding to Child Abuse & Neglect of Children

All employees of the RISD CDC are required to have annual training in identifying and reporting child abuse. To obtain more information regarding identifying and reporting child abuse go to: <http://www.dfps.state.tx.us/Training/Reporting>

If we suspect a child has been abused or mistreated, we are required to report it within 48 hours to the Texas Department of Family and protective Services and/or to a law enforcement agency.

If you suspect a child is a victim of abuse or neglect, please use the following contacts to get assistance and intervention:

CHILD ABUSE HOTLINE 1-800-252-5400

Child abuse and neglect are against the law in Texas, and so is failure to report it.

Confidentiality Statement

Rains I.S.D. CDC maintains confidentiality and respects the family's right to privacy, refraining from disclosure of confidential information (without parental written consent) and intrusion into family life. However, when we have reason to believe that a child's welfare is at risk, we will share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child's interest.

When staff discusses behavior incidents with families, they are to use discretion regarding the identity of the aggressor. The teacher's responsibility is to focus any discussion with parents on their child only and to avoid violating confidentiality.

Discipline/Guidance Policy

At Rains I.S.D. CDC, the purpose of discipline is to help children develop self-control and to become responsible for their own behavior. Preschoolers are learning to be part of a social group. Juggling personal needs within the dynamics of a classroom setting is sometimes difficult for a young child. For this reason, we view discipline as a time to help children learn socially acceptable behaviors and develop positive self-esteem. We are committed to helping children learn to express feelings appropriately, to consider other people's feelings, and to negotiate their own conflicts.

Discipline must be:

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

Teachers only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, which include at the least the following:

- (a) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (b) Reminding a child of behavior expectations daily by using clear, positive statements;
- (c) Redirecting behavior using positive statements; and

- (d) Using brief supervised separation or time away from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

No harsh, cruel, or unusual treatment of any child is allowed. The following types of discipline and guidance are prohibited:

- (a) Corporal punishment or threats of corporal punishment;
- (b) Punishment associated with food, naps, or toilet training;
- (c) Pinching, shaking, or biting a child;
- (d) Hitting a child with a hand or instrument;
- (e) Putting anything in or on a child's mouth;
- (f) Humiliating, ridiculing, rejecting, or yelling at a child;
- (g) Subjecting a child to harsh, abusive, or profane language;
- (h) Placing a child in a locked or dark room, bathroom, or closet; and
- (i) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age, including requiring a child to remain in a restrictive device.

Interaction Guidelines

Teaching staff will provide ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed to protect children's well-being. All staff members are responsible for knowing all children and should take appropriate action in response to any child's needs or behavior. Outdoor first-aid kits are stationed throughout the CDC.

Care and Supervision of Children

CDC employees are responsible for providing care and supervision for every child enrolled in the program. Staff must recognize that their foremost responsibility is always to ensure the safety of the children. In doing so, staff is expected to respond to the needs of children (crying, hunger, illness, etc.) quickly and efficiently. Staff will effectively consider situations involving children's health and safety and make decisions that benefit children as a whole group as well as individual children. Children will be treated fairly and consistently in all matters.

Staff-Child Interactions

We make every effort for all children to know and be known by all adults in our school environment so that they are comfortable interacting with and seeking assistance from any adult. Each child is assigned a primary classroom with a teacher. Interactions in our open spaces, i.e. playgrounds, encourage continuity of relationships between all staff and children, as well as among groups of children so that they are comfortable learning in any of our indoor or outdoor spaces. Because we strive to encourage diverse interactions and not gender stereotypes, we address children as frequently as possible by their individual names or we refer to groups of children as “friends”.

Staff-Family Interactions

CDC staff aims to communicate regularly and effectively with families so that their perspectives can be incorporated into our understanding of the child’s development, our curriculum planning, and our assessment process. In addition to a detailed Parent Handbook we have parent information boards, parent feedback forms, and frequent face-to-face interactions. Teachers are easily accessible by setting an appointment outside of instruction times for a phone or face-to-face meeting. Feel free to e-mail your child’s Teacher or the director with questions, discuss changes or challenges and address any concerns.

Parents as Partners

Building a strong bond between home and school is encouraged in a variety of ways at the CDC. A parent’s involvement in their child’s education is important; we want you to know what is happening in your child’s classroom as well as at the CDC. Please make every effort to help you stay informed; you are your child’s most important teacher and advocate.

The staff at the CDC want to assist parents in understanding the developmental stages their child’s experience, enabling them to contribute most effectively to the child’s growth and enrichment. Parents are encouraged to visit the CDC and observe how their child interacts with the staff and other children. You are always welcome to visit or observe your child’s classroom and to participate in activities sponsored by the CDC.

Parent Information Board

Designated parent information areas may be in each classroom containing class specific information. In addition, a main parent board is in the hall with information regarding the CDC and resources on food allergies, nutrition and more. Please make a point to stop by and check the board each day; this will help with communication and connecting parents with the CDC.

Parent Conferences

We value parent's ideas and input. We also value our time in the classroom with the children. We respectfully ask you to schedule private appointments to discuss issues and concerns that may arise in the course of your child's enrollment rather than discussing these concerns in the presence of children (your own and/or other children) or guests in the classroom. We want to give you our undivided attention and this is not possible when the teachers are responsible for a group of children. We will work with you to find a mutually agreeable time to meet outside of normal classroom instruction time.

Parent Feedback

Parents are encouraged to share suggestions with the teacher on how to work with their child and any ideas they may have regarding the classroom. This is welcome all throughout the school year, but the teacher will schedule multiple parent/teacher conferences such as beginning, middle, and end of the school year.

E-mail

The CDC staff strives to provide many avenues of communication with parents. Please feel free to utilize voice mail, e-mail, Brightwheel or written notes as methods of communicating with your child's teacher. CDC staff spend most of their time working directly with children, therefore, voice mail and e-mail messages will be returned as promptly as possible but may not be immediate.

E-mail, Brightwheel, and Remind will be used to communicate most school-wide announcements from the RISD CDC director. Maintaining a current email address and phone number on file in the CDC office is imperative. Changes to policies and/or procedures affecting the CDC will be communicated to parents through email and or letter. The Parent Handbook will be updated and made available accordingly. The CDC director is available to discuss the policies and procedures of the program. You are invited to share comments and concerns with us at any time.

Face-To-Face Interaction

The staff at the RISD Child Development Center wants to assist parents in understanding the developmental stages their children experience, enabling them to contribute most effectively to the child's growth and development. Parents are encouraged to visit the RISD CDC and observe how their child interacts with the staff and other children. You are always welcome to visit or observe your child's classroom and to participate in activities sponsored by the CDC. Structured conferences between parents and teachers can be made at any time throughout the year.

RISD CDC staff makes every effort to dialogue with families in a positive manner to plan strategies, resolve issues, and aid in a timely and effective manner. Please

feel free to suggest ways that we can strengthen our partnership with you as together we seek to provide a high-quality learning environment for everyone at RISD CDC.

Remember teachers have supervision responsibilities while on duty; we do ask that you schedule a conference for longer discussions.

Parent/Teacher Communication

When a parent has a concern, we ask that they remember the following:

- Teachers want parents to be satisfied with the care their child is receiving.
- Talk to the teachers directly whenever possible; if you would prefer, talk with the director.
- Realize that if you have a concern with a teacher, that in order to deal with the issue in a straightforward manner, the Director will need to investigate first by talking with the teacher about your concern.
- Please give teachers a chance to correct minor issues.
- On the other hand, do not allow concerns to build up. As concerns occur, share them with the teachers. It is disturbing to find out “later” that a parent had several concerns and never expressed them with a teacher or the director.
- Sometimes we cannot make the change you may request due to other restrictions, but we ALWAYS want to hear your suggestions. We promise to consider them seriously and respond to you in a timely manner.
- If at any time a parent wishes to meet with their child’s teacher to discuss issues that may arise, he/she can contact the teacher to schedule a meeting.
- We do ask that you schedule a conference with your child’s teacher to discuss issues in depth and try **not** to discuss concerns during drop-off and pick-up times.

Program Survey

Parents are invited to participate in an annual program evaluation via a survey conducted each year. This process allows the CDC to measure progress toward program goals and objectives. The results are used as a basis for continuing successful activities and for changing those that need improvement.

Parent Resources

RISD Child Development Center staff is always researching online will send home helpful information throughout the year. We are also available to talk, answer questions, and share resources with you. Here are a few helpful online resources for you to get started with as you start the school year. www.healthychildren.org; www.zerotothree.org; www.aap.org; www.collabforchildren.org.

Consent to Video, Audio or Take Pictures

As a parent, you may grant or deny any written request from the district to make a video or voice recording of your child. State law, however, permits the school to make a video or voice recording without parental permission for the following circumstances:

- When it is to be used for school safety;
- When it relates to classroom instruction or a co-curricular or extracurricular activity; or
- When it relates to media coverage of the school.

From time to time the CDC may take pictures of children participating in various events/activities to share on our Facebook page to share exciting news about the CDC. Please read and complete the permission section within Skyward.

Grievance Procedure

Rains I.S.D. Child Development Center has an administrative team to assist with on-going communication and supervision.

For problem solving at the classroom level we recommend the following steps:

First, bring any concern to your classroom teacher.

Next, if you are not satisfied, or if directed by the teacher, request a meeting with the CDC Director.

Last, if you still have a concern, request to schedule a meeting with the CDC Director.

Curriculum and Goals

Rains I.S.D. Child Development Center strives to provide high quality early care and education based on sound child development research and developmentally appropriate practices. Currently we are using Frog Street Press as our curriculum. This curriculum is designed around the latest scientific early brain development research. This program focuses on enhancing the simple joy of childhood while equipping teachers to nurture curiosity through exploration. Frog Street, created by Dr. Pam Schiller, promotes social/emotional development with Dr. Becky Bailey's Conscious Discipline® and includes a variety of activities specifically created for young children. Our staff will teach with intention and purpose to move children forward in their development. With this program, we can focus on delivering hands-on learning with a variety of ideas to build early literacy, math, science, and social skills. Our teachers will address each child socially, physically, emotionally and cognitively while stimulating thinking, reasoning, decision-making, and problem-

solving. The CDC staff will focus to align ourselves with any curriculum and program changes they make so that each child at the CDC is prepared for the transition from an early childhood program into Kindergarten and beyond. Each child will have the necessary skills to promote self-confidence and a readiness to learn with success.

The teacher's role is to observe and document your child's developmental abilities and to plan choices in play areas throughout the room that will encourage your child to practice old skills and try new ones. The CDC director works closely with the classroom staff to develop programs that meet the individual needs of children and fosters creativity.

Continuity of Care

Rains I.S.D. CDC makes every effort to maintain continuity of relationships between teaching staff and children, and among groups of children. Interactions in our open space playgrounds encourage continuity of relationships between all staff and children, as well as among groups of children, so that they are comfortable learning in any of our indoor or outdoor spaces.

Weekly Lessons

Each teacher is required to lesson plan using Frog Street curriculum (Infant, Toddler, & Three's), around the emerging skills of the children in the classroom. Teachers have been trained on use of the curriculum and must implement it daily. Teachers are periodically evaluated on execution to ensure efforts are effective. The daily classroom schedule is predictable yet flexible and responsive to the individual needs of the children. Activities encourage exploration, experimentation, and discovery while promoting interaction. **Lesson plan reviews are available upon request from your child's teacher.**

Assessments

Assessment components are naturally integrated into the course of every day at the CDC. Ongoing teacher observations of group patterns and individual development are used to adjust the program to better support group and individual needs and progress. The teachers will use a formal assessment document for each child several times throughout the school year. Your child's teacher may keep children's work samples collected over time, chronicle where children begin when they first enter the classroom, what their interests are, what their challenges are, how much they have grown, and who their friends are. Families have ongoing opportunities to share results of observations from home to contribute to the assessment process.

The teacher documents observations in their own unique ways such as recording anecdotes, taking photographs, and collecting samples of the children's work. Your

child's teacher will periodically schedule conferences to share results of assessments.

- Results of the assessments are primarily used to shape the current year's classroom/program planning and to discuss individual children's developmental progress with parents so that we can work together to best support each child's growth.
- RISD CDC maintains confidentiality and respects the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life.

Classroom Assignment

Placement of a child in a classroom is determined by age and developmental level. We want your child to be placed where his/her needs are met, and interests are challenged. While we do accept input from parents about room assignments, the RISD CDC director and teachers will make the final decision based on what is best for the child, other children, teachers, and the CDC.

Classroom Guidelines

Teaching staff develops individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive, and culturally sensitive.

Attendance/Arrival

All classrooms begin curriculum instruction by 8:00am. If you arrive after instruction has started, you may be asked to let a CDC staff member or director escort your child into the classroom to eliminate disruption of the class. For children to receive the full benefit of our program and to participate with the group activities, we ask that all children be at the CDC by this time; however, CDC expects all children to be here no later than 10:00 am. If you choose to purchase a lunch from RISD Food Service Department for your child, please notify the director by 9:30 a.m. if your child will arrive in time for lunch and we will make sure to count him/her in the lunch count for the day. If this procedure is not followed you will need to send a lunch for your child that day. **No child is to be dropped off between the hours of 10:00-2:00.** We take into consideration certain circumstances such as doctor appointments, and other unavoidable things that come up. Please notify and discuss such things with the director ahead of time for drop off or pickup approval between 10:00-2:00.

Daily Schedules

Teachers organize time and space daily to allow children to work or play individually and in pairs, to come together in small groups, and to engage as a whole group.

Each individual classroom has a daily schedule posted for your reference. This schedule may change a few times throughout the year to suit the needs of the children. The teacher will update you if time changes are made to breakfast, lunch or nap.

Playground and Outside Play

Young children need regular opportunities for outdoor play. Following state requirements, we schedule outdoor play two times each day (morning and afternoon) for all children who are walking, weather permitting. **Children must come to school healthy enough to be able to participate in outdoor play.** We are unable to provide separate supervision arrangements for children who are unable to play outside due to *temperature, wind illness, etc.*

- Children can go outside when the ground is dry and the temperature (including wind chill) is 40 degrees but not higher than a heat index of 98 degrees.
- Teachers should adjust the length of time according to the existing outside conditions, for example if it is excessively windy and/or children appear to be uncomfortable.
- Water is available to children during outside time, especially during warm months.
- At all times, staff will attend to all children's needs, observing and adjusting for children who may be too cold, too hot, dehydrated, exhausted, etc.

Water Activities

Children 18 months and older may be allowed to use a water table, with the supervision of a staff member, as a part of an activity. A small appropriate amount of water will be used, and children will not be allowed to use anything other than their hands and the provided tools for activity. Please complete form (**Appendix: D**) for consent.

Naptime

We must provide a supervised sleep or rest period after lunch for children 18 months or older (www.dfps.state.tx.us). Children under the age of 18 months most often sleep according to their individual schedules. Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. (**Parent must supply pack-n-play crib that meets the minimum standards.** (See **Appendix: L**))

Bringing Items from Home

Children should not bring toys from home. The CDC provides a wide variety of developmentally appropriate toys and equipment for the children's use. This policy helps avoid hurt feelings and lost or broken belongings. If your child is in a classroom that participates in "Show-and-Tell" activities, the teachers will set guidelines about when and what to bring from home and how these items will be stored during the day.

You are encouraged to bring security items such as a pacifier, a towel to be used as a blanket, or one stuffed animal for your child. Put your child's name on *everything* you send to the CDC. A black permanent marker is best for labeling. Periodically check to make sure the labeling is still clear and legible on all items brought from home.

Note for child under the age of 12 months: ***According to new state licensing guidelines, all children UNDER THE AGE OF 12 MONTHS are prohibited from having soft or loose bedding such as blankets, sleep positioning devices, stuffed toys, quilts, pillows, bumper pads, and comforters must not be used in cribs. ***

Children's Clothing

Please always keep extra changes of clothing at the CDC for your child. Check frequently to make sure clothes left at school still fit your child and they are seasonally appropriate. If your child has toilet accidents, please arrange to have several changes of clothing available each day, including socks, shoes, and underwear.

Clothing must fit your child comfortably and appropriately. Shirts must cover abdomen and dresses must be worn with shorts or tights beneath. Failure to abide by these clothing rules may result in a request for you to bring the appropriate clothing to the CDC for your child to change. The CDC will provide appropriate clothing or cover-up if available until you arrive.

Play clothes must be worn so that your child may participate in all planned activities. The CDC may have smocks available for children to wear during messy activities such as finger painting, water table activities, and sensory play; however, the smocks may not protect clothing completely.

A part of each day is spent outside. You will need to dress your child in seasonally appropriate clothing, to include coats, hats, mittens, etc.

Precautions to be Taken When Outdoors / Sunscreen Policy

- The availability of shade will be considered when planning outdoor activities (March-October months)

- For all outdoor activities occurring on sunny (non-rainy) days (especially between 10 a.m. to 5 p.m.), children will be encouraged to:
 - Play in shaded areas;
 - Wear full-length clothing that includes:
 - (1) four-inch or more wide-brimmed hats that, when worn, create a shadow that completely covers the head, face, nose, ears, and neck. (Flappy jacks, patterned somewhat like a baseball hat with neck flaps, may prove a practical alternative.)
 - (2) long-sleeved shirts and full-length pants made of tightly woven fabric that is lightweight. (This strategy applies when temperatures are reasonable.)
 - Wear sunglasses that protect from 100 percent of UVA & UVB (broad-spectrum). UV-protective coatings should be added to prescription glasses.
- CDC Staff recommends:
 - Application of SPF 30 or greater broad-spectrum (UVA/UVB) sunscreen to exposed skin (15 minutes before youngsters go outdoors); We recommend parents and guardians sign and submit the *Parents/Guardian's Permission to Apply Sunscreen to His or Her Child* form. (see **Appendix: E**) This form permits site staff to apply sunscreen to the specified children, as necessary.
 - Parents or guardians supply the described above: hat, full-length clothing, sunglasses, and sunscreen.
 - While on duty, staff will practice sun-safety principles/strategies to serve as good role models for children
 - Sunscreen will be avoided for young infants. Sunscreen is not recommended for children under 6 months old. Instead, we suggest protection of young infants from the sun by covering them with hats, long-sleeved shirts and long pants, and shade. If a parent insists that the CDC use sunscreen on their infant, we will request written permission and specific instructions from the child's health care professional and a signed CDC Permission to Apply Sunscreen granting or denying permission before using. Until otherwise directed by parent, we will use the other suggested protection stated above
 - Working to develop and implement, a plan to place enough trees and/or construct shelters that provide shade sufficient for protecting children and staff who engage in outdoor activities at the CDC.

Sunscreen Policy

We strongly encourage the use of sunscreen. We will have specific morning and afternoon outdoor play times where your child will be exposed to the sun. If you wish, you may send (non-expired) sunscreen (labeled with child's name) to be applied to (your child only). A parent/guardian must submit a signed *Parent/Guardian Permission to Apply Sunscreen to His or Her Child* form (see **Appendix: E**). This authorization will be kept on file and updated annually.

Insect Repellent

If you choose, you may provide your child with insect repellent with a signed permission form. (See **Appendix: F**) This authorization will be kept on file and updated annually.

Acceptable Footwear

Each child, once mobile, needs to wear shoes each day. The best shoes are sneakers or tennis shoes. Securely fastened, closed-toe shoes provide children with the leverage and support needed to run and jump during active play. ***Do not send children to the CDC in "cowboy" boots, "dress" shoes, or flip-flops w/no back strap.*** These types of shoes are unstable and contribute to playground falls and accidents.

Birthdays/Celebrations/Holidays

The CDC celebrates the children's birthdays in age-appropriate ways in the classroom. The birthday celebration, however, is purposefully kept simple and child centered.

Food brought from home must be approved for sharing. Parents may bring cake/cookies/cupcakes that are *store-bought and labeled with the ingredients*. These will be served during afternoon snack. If you bring items, there must be enough for the entire class. **Please check with your child's teacher for any allergies in the class.** If there is a child in the class with allergies to specific food items, please avoid bringing items which may contain specific ingredients etc. If you need further clarification on this, please see the director prior to bringing outside food in.

Rains I.S.D. CDC does observe traditional, national, cultural, and seasonal holidays with activities that are child-centered, educationally oriented, and developmentally appropriate. Every effort is made to be culturally sensitive.

Technology Policy

The CDC may use technology to extend learning within the classroom and to integrate and enrich the curriculum. The use of passive media (television and video) is limited to developmentally appropriate programming.

Children enrolled at the CDC may have opportunities to play educational games on classroom computers. The computers are able to access the ISD's public network (and ultimately the Internet); however, children will not be permitted to explore either of these options. Parents must complete the Student Acceptable Use of Technology Policy on the Skyward system annually.

Field Trips & Transportation

Field Trips are typically held once in the Fall and once in the Spring. Parents are responsible for all costs incurred at such events as well as transportation. The CDC does not provide transportation; therefore, it is your responsibility to pick them up, take them to the field trip location and take them home afterwards. We will provide permission slips for each child's parent to sign. There will also be a place to add information if a grandparent, etc. will be taking your child on the field trip.

Child Care Licensing

The Rains I.S.D. Child Development Center is licensed by the Texas Department of Family and Protective Services, Child-Care Licensing Division. A full-text copy of the Minimum Standard Rules for Licensed Child Care Centers is available for review at <https://hhs.texas.gov>.

As a parent or guardian with a child enrolled, you have the right to review all current inspections conducted by the DFPS, the Fire Department, the Health Department, and any other inspections as may be required for the operation of the child development center. To review these documents, please contact the center director. These such inspection reports will be posted in an obvious location for parents to review.

Important Contact Information for Parents:

Texas Department of Family and Protective Services (local office)
2130 Alpine Road
Longview, TX 75601-3401
(903) 233-5237 <http://www.dfps.state.tx.us/> <https://hhs.texas.gov>

Texas Abuse/Neglect Hotline (800) 252-5400 <https://www.txabusehotline.org>

Employee Annual Training

Minimum Standards for Child-Care Centers §746.1301. What training must I ensure that my employees, caregivers, and directors have during certain timeframes?

Site: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/min-standards/chapter-746-centers.pdf>

Appendix A:

Health Care Professional's Statement

One of the following must be presented when your child is admitted to the Child Development Center or within one week of admission.

CHILD'S FULL NAME: _____

*HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he/she is physically able to take part in the childcare program.

Signature of Physician or Health Care Provider

Date

Printed Name of Physician or Health Care Provider

Name and address of health care professional:

*PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the childcare program.

Name and address of health care professional:

Signature of Parent/Legal Guardian

Date

*Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Appendix B:

RISD CHILD DEVELOPMENT CENTER

Acknowledgement of Receipt

*Please sign and return this page to the
Rains I.S.D. Child Development Center Director.*

My signature verifies I have received and read the following:

- Parent Handbook
- Discipline and Guidance Policy
- Health Policies

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian (Printed Name)

Child's Name (Printed)

Check one:

- Parent or Guardian
- Employee/Teacher

Appendix C:

RISD Child Development Center

Biting Policy

Explanations, policies, and procedures regarding
Biting in the childcare center.

Children biting other children is one of the most common and most difficult behaviors in group childcare. It can occur without warning, is difficult to defend against, and provokes strong emotional responses in the biter, the victim, and the teachers involved.

Even though biting is a normal stage of development during childhood, it is required by the Texas Department of Family and Protective Services that RISD Child Development Center maintain a safe and healthy environment for all children in care.

Biting occurs for many reasons whether it is teething, a lack of language, frustration, attention getting, being overly tired, or simply just trying to get a reaction from someone.

No matter the cause, biting in a group situation causes strong feelings in all involved. It does help, however, to be aware of the potential problem before it happens, and to form a plan of action if it does occur. The CDC has developed the following plan of action to be used if and when biting occurs in our **18 months-Pre-K rooms**.

RISD Child Development Center policy on biting is as follows:

*****Parents of the biter** will be notified of a bite (BrightWheel, Phone, Email).

- If your child bites (skin is not broken on other child) the teacher will immediately separate your child from the group and closely monitored. (Attempted bites are treated the same way)
- If after shadowing the child, a second bite (not breaking the skin), the child will be sent to a calm down area not to exceed their age in minutes (i.e., 2 minutes for 2 yr. old)
- If at any time the skin is broken due to a bite, the child will be moved to a different class for the remainder of the day.
- If the child bites (broken or unbroken skin) after being moved, they will be sent home for the remainder of the day.
- If the biting becomes habitual, and/or severe, a meeting will be set up to determine the best course of action between the parent, teacher and director(s). If necessary, the child will be placed on probation for one month.
- If the child must be sent home during the probation period, a conference will be setup to discuss further actions on an individual basis based on the observations from the shadowing/tracking.

If a child's biting becomes habitual or dangerous for the other children and all methods of resolution have been exhausted, the child's enrollment may be terminated. If this situation occurs, re-enrollment of the child will be considered after the biting phase has passed.

When a child is bitten:

For the biter:

1. The biter is immediately removed with no emotion, using words such as "biting is not okay - it hurts." Avoid any immediate response that reinforces the biting or calls attention to the biter. The caring attention is focused on the victim.
2. The biter is not allowed to return to play for a limited time and is talked to on a level that the child can understand. "I can see that you want that truck, but I can't let you hurt him/her. We don't put our teeth on people."
3. Redirect the child to other play.
4. Write an accident report and notify the parents of the biter.
5. The child will be "shadowed" by a staff member after a bite has occurred.

A tracking observation form will be used to record triggers, warning signs, frequency of attempt, segment of daily schedule or routine in which biting occurs.

For the victim:

1. Separate the victim from the biter.

2. Comfort the child.
3. Administer first aid.
4. Write an accident report and notify parents of the victim (BrightWheel/Phone/Email)

**Every occurrence of biting will be documented, including attempted bites, and indicate location and time. Staff members are also required to discuss the incident with the director.

**Written documentation to the parents will occur with all of the sequences of biting.

For bites occurring with the **Infant -18 months children**, each incident will be addressed individually with the child's parents to discuss a plan of action. Following a child's first incident, typical preventative measures will be taken:

- Evaluate classroom environment and selection of materials
- Examine daily schedule
- Use language and actions responsive to children's attempts to communicate what they want, how they feel, and when they need help
- Teach acceptable ways for children to gain attention or access to toys they desire
- Offer teething toys to child
- Track child interaction with an observation form provided by the CDC to document the where, who, when, what before and after, and why
- A tracking observation form will be used to record triggers, warning signs, frequency of attempts segment of daily schedule or routine in which biting occurs.
- Analysis of this data will take place and a conference will be scheduled with the parents of the child to help develop a plan of action.

Appendix C:

RISD Child Development Center

Biting Policy

My signature below acknowledges the fact that I have received and read the RISD Child Development Center’s Biting Policy, and I will make an effort with my child as needed to help resolve biting issues.

We understand the policy and the consequences associated with violations of the policy.

* Paper Copy

*Infant Classroom

* Electronic Copy (website)

*Toddler 12 months-4 years

Child’s Name: _____
(Print Name)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Appendix D:

RISD Child Development Center

Water Activities

Children 2 years and older may be allowed to use a water table, with the supervision of a staff member, as a part of an activity at the CDC. A small appropriate amount of water will be used, and children will not be allowed to use anything other than their hands and the provided tools for activity.

- I grant permission for my child to participate in water table activities.
- I DO NOT grant permission for my child to participate in water table activities.

Child's Name: _____

Parent/Guardian Signature

Date

Printed Name

Appendix E:

RISD Child Development Center

Parent/Guardian Permission to Apply Sunscreen to His or Her Child

This form permits site staff to apply sunscreen to the specified children, as necessary. This must be updated at the CDC annually.

We strongly encourage the use of sunscreen. We will have specific morning and afternoon outdoor play times where your child will be exposed to the sun.

Sunscreen and Infants

Sunscreen will be avoided for young infants. Sunscreen is not recommended for children under 6 months old. Instead, we suggest protection of young infants from the sun by covering them with hats, long-sleeved shirts and long pants, and shade. If a parent insists that the CDC use sunscreen on their infant, we will request written permission and specific instructions from the child's health care professional in addition to this form until otherwise directed by parent, we will cover them with hats, long-sleeved shirts and long pants, and shade.

Guidelines for sunscreen:

- Must be at least SPF 30 or greater broad-spectrum (UVA/UVB) sunscreen
 - Must not be expired
 - Must be labeled with child's first and last name
 - If for an infant, you must provide a written statement and specific instructions from the child's health care professional.
- I give permission to RISD Child Development Center staff to apply the sunscreen I supply for my child.
- I do not want** RISD Child Development Center staff to use sunscreen on my child when going outside. *I understand that RISD CDC staff will take all other precautions to protect my child from the harmful effects the sun as specified in section: *Precautions to be Taken When Outdoors / Sunscreen Policy*. I do not hold RISD CDC staff responsible if my child becomes sunburned.

Child's Name: _____

Parent/Guardian Signature

Date

Printed Name

Appendix F:

RISD Child Development Center

Parents/Guardian Permission to Apply Insect Repellent

Guidelines for Insect Repellent:

- Must be recommended for specific age
 - Must not be expired
 - Must be labeled with child’s first and last name
 - If for an infant, you must provide a written statement and specific instructions from the child’s health care professional.
-
- I give permission to RISD Child Development Center staff to apply the insect repellent I supply for my child.
 - I **do not want** RISD Child Development Center staff to use insect repellent on my child when going outdoors. *I understand that RISD CDC staff will take all other precautions to protect my child from insect bites. I do not hold RISD CDC staff responsible if my child gets insect bites.

Child’s Name: _____

Parent/Guardian Signature

Date

Printed Name

Appendix G:

RISD Child Development Center

MEALS FROM HOME

Rains ISD CDC Staff members use several sources when teaching your children about nutrition. For trusted educational resources on nutrition we recommend you visit our Parent Information Board or visit: <https://www.healthychildren.org/english/healthy-living/nutrition/pages/default.aspx>

I have read the Meals and Nutrition section in the Parent Handbook and I have been provided with information and resources to further my education on nutrition. I understand that Rains ISD Child Development Center is not providing breakfast and lunch meals for my child as part of childcare tuition. I must bring my child to school already fed or with meals from home to be served by the childcare center staff. Rains ISD Child Development Center is not responsible for the nutritional value of my child's meals from home or for meeting my child's daily food nutritional needs if I bring my child's meals from home.

Parent Signature

Date

Child's Name

Appendix H:

RISD Child Development Center

Parent/Guardian Permission to Apply Ointments

This form permits CDC staff to apply ointment to my child listed below, as necessary. This must be updated at the CDC annually.

Guidelines for ointments:

- Must be in original container with label
- Must not be expired
- Must be labeled with child’s first and last name
- If for an infant, you must provide a written statement and specific instructions from the child’s health care professional if the ointment is a prescription ointment.
- Must list specific uses and will be used only as directed

Examples of items that may be supplied by CDC: diaper rash ointment, Neosporin, and various first-aid treatment items.

PLEASE CHECK ONE BOX, LIST YOUR CHILD’S NAME AND SIGN BELOW.

- I give permission to RISD Child Development Center staff to apply **ONLY** the ointments I supply for my child. I understand that I will be notified if the supply runs low and I will need to replenish.
- I give permission to RISD Child Development Center staff to apply CDC provided ointment as needed, on my child at any time they determine that such ointment is necessary in changing diapers and caring for my child.
- I hereby notify RISD Child Development Center that I DO NOT WANT ointment of any kind used on my child. I acknowledge that at times a diaper may have high acid content and cause blisters. I still choose that no ointment or medication is to be used on my child at any time without further authorization.

Child’s Name: _____

Parent/Guardian Signature

Date

Printed Name

Appendix I:

Rains ISD Child Development Center

Permission to Give Medication

I hereby request an employee to administer the medication named below to my child.

I understand that all medications must be:

- Kept in the original container
- Labeled with the child's name issuance date, dispensing directions and physician's name (if prescription.
- Stored in a specified place within the facility. (not in the child's bag or cubbies)
- Administered in accordance with label directions, including expiration date.
- Returned to the parent or discarded when expired or no longer needed

By signing below I release Rains ISD, Rains ISD Child Development Center and its employees from all liability from reactions which my child may suffer from this medication.

Child's Name

Parent's Name (Print)

Parent's Signature

Note to Parents: Please be sure that your instructions are in accordance with the medicine's label instructions. Pay attention that your child's age is specified on the dosage indicator. **We are unable to administer medication other than as the label indicates without a doctor's note.** We also do not administer medicines on an "as needed" basis, except under exceptional circumstances. You are always welcome to come to the center to give your child medicine.

Exact Name of Medicine	Dosage (according to label)	Time to be Given (refer to label)	Dates to be Given (Refer to label)

(See the attached Dosage Documentation Form)

Appendix J:

RISD CHILD DEVELOPMENT CENTER

Parent Attendance/Absences Reporting Policy

(CCS Referred Only)

Parents are required to use the provided Child Care Automated Attendance (CCAA) Point of Service (POS) Attendance Reporting System. If you do not report your child's attendance or absence within three (3) days of a previous missing attendance report, your child will not be able to return to the CDC until the parent uses the POS to enter attendance.

Parents use the following procedures to enter their children's attendance in the CCAA POS device:

- Swipe the CCAA Card in the POS device;
- Enter their PIN;
- Enter the child's number (parents must contact their CCS case worker to get their child's number);
- Choose the action (check-in, check-out, previous check-in, absences, etc.);
 - The POS indicates if the transaction was "approved" or "denied";
 - If the transaction is "denied", the POS indicates on the printed tape what action the parent must make next-either check out for the previous day;
 - If the transaction is "approved"-
- Enter the next child's number and;
- Repeat the process of choosing the action

Note: Parents may also enter an "absence" for their child (if the absence is occurring that day or no more than 6 days before) by entering the absence code in the POS.

I _____ (Print Name), parent/guardian of
_____ (Print Child's Name), have read and understand the
Parent Attendance/Absences Reporting Policy.

Parent/Legal Guardian Signature

Date

Appendix K:

RISD CHILD DEVELOPMENT CENTER

Parent Share of Cost (PSOC) Policy

Child Care Services (CCS)-Referred Parents:

Monthly Parent Share of Cost (PSOC) is to be paid by the parent to Rains ISD CDC prior to receiving care for a child or children. Payment should be made on or before the first day of each month. PSOC is not adjusted for absences or the number of hours per day or days per week that care is provided.

If a parent is late in paying or refuses to pay the assigned parent share of cost, Rains ISD CDC reserves the right to advise the parent his/her child cannot return to the facility.

I _____ (Print Name), Parent/Guardian of
_____ (Print Child's Name), have read and understand the
Parent Share of Cost (PSOC) Policy.

Parent/Legal Guardian Signature

Date

Appendix L:

Minimum Standards for Child-Care Centers

746.2411 Are mesh cribs or port-a-cribs allowed? YES

REQUIREMENTS FOR MESH OR PORT-A-CRIBS

Non-full-size, portable, or mesh-side cribs are allowed, but some additional safety requirements must be followed:

- 1. You must use non-full-size, portable, or mesh-side cribs according to the manufacturer's instructions. These cribs must also have:**
 - A. A minimum height of 22 inches from the top of the railing to the mattress support as its lowest level;**
 - B. Mesh openings that are 1/4 inch or less;**
 - C. Mesh which is securely attached to top rail, side rail, and floor plate; and**
 - D. Folded sides that securely latch in place when raised.**
- 2. Child must never be left in a mesh-sided crib with a side folded down.**

Appendix M:

Rains ISD Child Development Center

Pandemic Emergency Response

In the event of a large scale or health related emergency the center will implement the Pandemic Section of the Crisis Management Plan under the guidance and direction of the CDC, federal and local governments, and the Texas Department of Health and Human Services Section for Child Care Regulation.

Pandemic is defined as the following:

1. A disease prevalent over a whole country or world
2. An outbreak of a pandemic disease

To ensure the safety of children, families, and staff of the center, we will monitor the situation and consider the guidance and suggestions from the authorities on the situation. Decisions made by the center will consider the safety of children, families, and staff. Decisions may include:

- Closure of the center
 - Length of closure to be determined by center, CDC, federal and local governments, the Texas Department of Health and Human Section for Child Care Regulation
- Adjusted hours of service
- Daily health checks of children and staff
- Limited entry into the building
- Limited access to the property
- Limitations on what the children may bring into the center, such as
 - Blankets
 - Stuffed animals
 - Pillows

The center will communicate these plans through a variety of methods such as the program's parent communication system (Brightwheel), emails and private Facebook group.

Appendix N:

Permission to Photograph

I, _____, the parent of a child/children at Rains ISD Child Development Center, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the CDC during normal operation hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services with Rains ISD Child Development Center, either in print or on the Internet.

Child's First and Last Name: _____.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the CDC's services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature _____ **Date** _____

Relationship To Child _____

Appendix O:



Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at Rains ISD Child Development Center and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at Rains ISD Child Development Center will follow these safe sleep recommendations

of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing Sleep sack or footed pajamas (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

Signatures

This policy is effective on: _____ Child's name: _____

Signature — Director/Owner

Date Signed

Signature — Staff member

Date Signed

Appendix P: Parent and Child Code of Conduct Policy

Rains ISD Child Development Center Parent and Child Code of Conduct Policy

All staff members at the CDC are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability, or any other ground.

Inappropriate behavior or harassment of any kind towards a student, parent/guardian, or teacher will result in immediate intervention up to and including the family's expulsion from the center. This type of behavior includes but is not limited to harassment or intimidation by written note, email, words, gestures and/or body language.

The privacy and confidentiality of our parents, guardians, teachers, volunteers, and students is important to us. All concerns and comments should be addressed with the teachers. Should this discussion not address your concerns, the next step is to review the situation with the Director. Failing resolution with the Director, the matter will be referred to the Director's supervisor before addressing the situation with Administration.

If an incident should occur in which the parent/guardian breaches the Code of Conduct, the parent/guardian will be given written notice warning them of their inappropriate behavior. The second infraction will result in written notice of immediate withdrawal. Certain serious infractions will result in immediate withdrawal of childcare services. *All parents are required to sign and abide by the "Parent and Child Code of Conduct" at the time of registration and annually thereafter.*

The Code of Conduct reads:

As part of your contract with the Child Development Center, the CDC reserves the right to withdraw or deny services if it is believed that the particular needs of your child or family cannot be appropriately met.

The decision for suspension and/or withdrawal will be based on, but not limited to, the following types of incidents:

- Any physical or threat of physical harm.
- Verbal attacks on other children and/or Staff, which include the use of threats, name-calling, or profane/degrading language. Individuals engaging in such behavior will be asked to leave the premises immediately.
- Racial or discriminatory incidents.
- Conduct that contradicts the moral tone of the center.
- Any breach of confidentiality and/or privacy policies. Public electronic mediums are not to be used to discuss sensitive center policies, staff or staffing matters.
- Failure to pay fees, including late fees, by the designated time.
- Failure to comply with the parent/guardian responsibilities outlined in the policies and procedures, including returning all required documents and policies within the requested time frame.
- Repeated late pick up of child
- Gossip and public criticism which are malicious in nature are unacceptable.

Appendix P: Parent and Child Code of Conduct Policy (continued)

We realize that occurrences and disputes will occur among children, and it is not our intent to exclude children over normal developmental incidents that assist them in acquiring problem-solving skills. However, as individual needs vary in terms of environment and program, some children may not benefit from the program offered in this center. We will make every effort to meet the needs of your child, which may require the assistance of an outside agency. If the behaviors still occur and it is still deemed that we are unable to meet the needs of your child, then services will be withdrawn, with approval from Administration.

All incidents will be documented by Staff.

Signature of Parent/Guardian

Date