

San Marcos Consolidated Independent School District

Child Development Center

Parent Handbook

2020-2021

SMCISD Child Development Center

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**30 years of High Quality Child Care Services
and Supports for families**

INTRODUCTION

Welcome to the San Marcos Consolidated Independent School District (SMCISD) Child Development Center (CDC). The SMCISD has established the CDC to meet the needs of student parents, district employees, and some community slots for families residing in the SMCISD area. All pregnant or parenting students enrolled in San Marcos schools are eligible to use the CDC. The center provides a safe and educationally sound place where all parents are part of a team in their child's development. Children between the ages of 6 weeks and five years may enroll in the center.

The SMCISD CDC is licensed through the Texas Department of Family Protective and Regulatory Services (TDFPRS). The center is required to follow the TDFPRS minimum standards, a set of policies that regulate childcare facilities. These standards were developed in cooperation with day care providers, parents, lawyers, doctors, childcare professionals, and experts in fire, sanitation and safety. The center also adheres to the Child Care Management System (CCMS- including the highest criteria for a vendor- 4 Stars).

MISSION STATEMENT

The mission of the SMCISD Child Development Center (CDC) is to provide the highest level of education and care for children and families of SMCISD from District Employees, Teen Parents, and Community Pre-K.

CLASSROOM VISION STATEMENT

Each classroom at the center will implement developmentally appropriate practices, achieving curriculum goals in the context of a caring community of learners in which all children can develop.

DEVELOPMENTAL GOALS FOR CDC CHILDREN:

1. To build healthy and positive self-concepts.
2. To encourage children to think and reason, question, and experiment.
3. To enhance symbolic representation.
4. To encourage appropriate interaction with others (sharing, expressing feelings).
5. To promote language development and communication competencies.
6. To achieve motor milestones.
7. To provide opportunities for physical development.
8. To encourage and demonstrate sound health, safety, and nutritional practices.
9. To develop a sense of the world as an interesting place to explore (curiosity and desire to explore).

CURRICULUM GOALS- Current Curriculum is Frog Street Curriculum

1. Foster positive self-identity and sense of emotional well-being
2. Develop social skills and knowledge
3. Encourage children to think, reason, question and experiment (as used in mathematics, science and social studies).
4. Encourage language (speaking and listening) and literacy development (emerging reading, writing awareness and skills).
5. Enhance physical development and skills
6. Encourage and demonstrate sound health, safety, and nutritional practices
7. Encourage creative expression, representation, and appreciation for the arts
8. Respect cultural diversity

CURRICULUM FOR THE WHOLE CHILD

- Adaptations are made for the uniqueness of the individual child
- Teachers use their own and family observations and reflections to implement plans based on individualized needs
- Teachers assess children's progress and share their assessments with families in the form of progress reports and conferences twice a year. Conferences may be scheduled throughout the year as the need arises.
- The program supports the identification and individual planning for children who may exhibit some challenging behaviors. Teachers identify the child's strengths and use those strengths to redirect the child and encourage positive behaviors. Teachers and parents work as a team to encourage positive behaviors.
- Children with diagnosed special needs are part of an inclusion system that supports their development and learning in the context of a community of learners and the expertise of specialist.

ENROLLMENT

A complete enrollment packet, including the supporting documentation needed to obtain CCMS funding, if being used, will be completed and turned in no later than three weeks prior to the first day the child will begin attending the CDC. Teen parents are required to recognize the CDC services are not an entitlement in their education and must adhere to the Teen Parenting Contract. Enrollment is based on available space. Priority is given to teen parents enrolled in SMCISD. Family Orientation forms will be completed.

Immunizations must be current and stay current to the State of Texas Guidelines for Immunizations for children 5 and younger.

Community Pre-K Bonham (when available) extended classroom children must enroll and verify qualifications with Bonham Elementary.

Contact information including who can pick up and phone numbers, can be updated directly in your child’s classroom on the emergency card that each teacher keeps in the classroom notebook. Please verbally alert the child’s teacher to the changes. It is always best to also write the date of the change on the card.

RIGHT TO REFUSE: The SMCISD CDC and SAPP program reserve the right to refuse services at any time with minimal notice and no refund if the conflict with the program(s) services are not able to be resolved. Right to refuse will never be based on race, color, national origin, age, sex a disability, political belief, sexual orientation or religion.

RATIOS

Ratios are determined by the approximate average (median) age of the group. During opening and closing, children can be combined with the ratio of the youngest child present being followed.

See page 51 and 52 of Child Care Licensing.

| | Class Names | TDFPS Min Standard 1 staff person 1: | TRS Max for Rising Star for maximum points | SMCISD CDC Cap |
|--------------|--------------------|---|---|-----------------------|
| 0-11 months | Infants | 1:4 or 2:10 | 1:4 | 2: 8* / 2:10 |
| 12-17 months | Toddlers | 1:5 or 2:13 | 1:4 | 2: 8* / 2:10 |
| 18-23 months | | 1:9 or 2:18 | 1:4 | 2: 8* /2:10 |
| 2 years | 2/3’s | 1:11 or 2:22 | 1:6 | 1:6* / 1:9 |
| 3 years | | 1:15 or 2:30 | 1:9 | 1:9 /1:9 |
| 4 years | 4/5’s | 1:18 | 1:10 | 1:10 / 1:10 |
| 5 years | | 1:22 | 1:10 | 1:10 / 1:10 |

GUIDELINES AND POLICIES

OPERATING HOURS

The hours of operation are 7:00AM – 5:30PM on all days during which SMCISD classes are in session. Teen Parents hours of operation are within 15 minutes of their educational campuses begin and end time. Tutorial time up to 5:00PM can be accessed for teen parents but must be approved prior and approval given by director or assistant director.

District employees have childcare available on select teacher work days, 7AM-4:30 PM.

Closing times are the time the facility is to close and lock doors. Parents will need to plan to arrive before that time to ensure they are out the door by the closing time, whether 4:30 and 5:30. Arriving at the closing time makes you late and late fees apply.

Late morning drop off ends at 8:00. All students should have arrived by 8:00. If a child has a doctors appt and staff were notified a child can come in up to 11:00 with the doctor’s note. One day a month the CDC may close by 4:45PM to allow for the required monthly staff meeting.

On late start days, the CDC will open one hour prior to the announced opening time for school(s).

Breakfast will not be served.

Emergency closings are announced, when possible, on the school district's central office line at 512-393-6700 or by calling the center director at 512-393-6321.

SMCISD is licensed through Dept of Family Services Child Care Licensing. You may contact them for questions or concerns at : 512-834-3426, email: Website: http://www.dfps.state.tx.us/child_care/

Information on abuse and neglect reporting are posted through out the CDC and in the Parent newsletter monthly.

TUITION AND FEES

All parents maybe asked to provide a monthly contribution to offset supply costs, if determined by the program.

All teen parents are required to work toward and obtain CCMS/CCDS eligibility when applicable. Services maybe implemented prior to this requirement has been achieved with outlined dates it must be achieved. Teen parents who receive a CCMS/CCDS penalty will have to pay the penalty, even if it is monthly (i.e.: not filing child support).

District Employee fees are determined annually and done through payroll deduction. See the district employee fee sheet.

Community slots for the Pre-K class must have CCMS/CCDS verification prior to starting of services.

All parents are financially responsible for late payment or co-pay fees (as noted below) and for late pick up fees, which are separate to regular tuition and fees.

Late payment or co-pay fees are:

All monthly payments (tuition, co-pays or penalties for teen parents) are due no later than the 3rd working day from the first of the month. On the 4th day a base late payment fee of \$20 is added as well as \$5 a working day thereafter until payment is received. At the 10th working day, if payment has not been received then services are either suspended or terminated.

All services are non-refundable.

TRANSPORTATION

Teen Parents ONLY-Transportation requests require 3 days from enrollment, to get activated on bus system. Buses are for teen parents and children only. Students must use the bus system consistently or could be dropped from the route. Only 3 address changes are allowed in a year.

WITHDRAWAL

Students withdrawing or graduating are given up to a 30- day case by case consideration for transfers to another child care center. Allowing a child to stay in the CDC for the 30 day transition is also dependent on the availability of the slot in the classroom. Enrollment, if a parent returns to school, is based on a waiting list status and as space becomes available. An immediate return to a space is not guaranteed. Failure of attendance for a child of 3 days or more without a phone call will end the child's slot in the CDC.

District employees may enroll when slots are available.

All terminations with the CDC must be given 30 days written notice.

The SMCISD CDC has the right to refuse services.

Suspension and possible termination from services could include: health, safety, failure to pay tuition amounts, not updated shot records or other legal required documentation, unwilling to work with the program staff to meet the needs of the child, return property of the CDC, teen parents lack of academic progress, teen parent excessive absences and unable to maintain CCMS funding, teen not in school but child in CDC, teen placement in alternative educational site for disciplinary or legal issues, or other situations as maybe deemed necessary.

ATTENDANCE

It is important for children to attend the CDC daily except for illness or a special event.

Every attempt is made to work with a child/family to help the child have a positive learning environment. However, illness or other issues may warrant a child may need to be removed from the setting for a designated period of time. The program will work with families to understand the issues either related to medical or other. An example of a non-illness related removal would be a child who demonstrates exhaustion and is unable to participate in the normal routine of the day such that the child will be safe to themselves. This might be seen in child excessively trying to fall asleep during the active learning time, rubbing eyes, hanging on and falling over and unable to maintain their own balance.

Class attendance for teen parents is checked regularly. Poor class attendance may jeopardize a child's spot at the CDC. If a teen parent knows s/he will not be attending school, the teen parent is responsible for calling the CDC to report the absence. Under limited circumstances and only with approval from the director may a child be in daycare when a parent is not in school.

For all children of the CDC- If your child is absent 3 days in a row, without notifying the CDC, and/or if your child misses 5 days without a medical justification, your slot may be terminated. When notifying the teacher your child will be absent, please call the daycare at 512-393-6868 or use the Brightwheel app directly. If you know in advance and want to tell the teacher directly, please feel free.

***** PLEASE HAVE CHILDREN HERE BY 8:30A.M.. NO DROPPING OFF BETWEEN 8:30-2.*****

If a child has a doctor's appointment, we will accept the child after 8:30 am if prior arrangements are made at least one day in advance with the OFFICE and a doctor's note is brought stating the child had an appointment and is okay to return to school. Children coming in at late morning (ie: 11:00 or later) will not be accepted for any reason.

TARDIES

Teen parents do not receive passes for running late to no fault of the center. Excessive tardiness for the parents' classes may warrant a documentation of concern and jeopardize enrollment status at the CDC.

All classes at the CDC require students be present by 8:30 am (required arrival time) unless a medical justification is available or other approved reason cleared by an administrative staff member. Teen parents at campuses beginning at 8 or shortly after, are required to be at the center no later than 8 am. School campuses with late starts such as 9:30 must be present by 9 am. Students who have an off period at the beginning of the day, will need to arrive 15 minutes prior to their start of the day. Excused tardies allowing for a child's late entrance to the class must have been given advance notice and a written doctor's note.

In order for your child to have a positive experience it is important that all children arrive in time for morning activities. The center begins the classes at 8:00 am.

ARRIVALS

Parents should always carry or hold a child's hand while in the parking lot. All student parents and their children must enter the CDC immediately upon arriving to campus. **Taking children on any main campus (including: Phoenix academic area, Goodnight Jr. or SMHS campus) is not allowed due to school district policy.**

No child may be left unattended in any area of the center. Parents need to bring their child(ren) all the way into the room and to make sure that the teacher "checks the child in". Individualized separation routines can be discussed with the teacher. Some things that have been considered and implemented include: family pictures, soft cuddle toys, etc.

All parents must follow the guidelines below:

1. Children who walk, must walk in, as weather permits, and walk holding their parents hand.
2. Infants: Feed your child in the morning
3. Take off coats, hats, etc. and put them in children's cubbies.
4. For non-toilet trained children, ensure your child's diaper is clean and dry, and note it on the daily log prior to leaving for class. If child is toilet training (within first year of training), parent must take child to restroom before leaving the class.
5. Be sure to say "good-bye" to children versus sneaking away.
6. Communicate with the teachers/caregivers about your child.

7. Sign your child in on the classroom's designated sign-in procedure.
8. Plan to spend about 10 minutes with your child.
9. Children must arrive by 8:30 unless staff have been notified at a doctor's appt but should be here no later than 11:00 am. Each child will have an informal health check done at the beginning of the day.

DEPARTURE

Teen parents must come to the center immediately following dismissal of the final class of the day. All children must be picked up no later than 15 minutes after their departure from their campus. If a student parent is late, a note explaining the tardiness must be given to the director and if appropriate, it should be arranged prior to it happening.

All parents should check communication logs, diaper bag, and cubby for all the information about a child's day or notes from the center.

Children leaving in the afternoon will not be eligible to return for that day, including doctor appointments.

CHILD RELEASE POLICY

Children will only be released to persons authorized by the parent. A source of identification is required when the center staff does not know an individual. Special custodial issues must be in legal writing (e.g. court order) in order for the center to be able to enforce them.

LATE PICK-UP

The program closes at 4:30 on district employee only days and Parent Community Days and designated CDC staff meeting days and 5:30 on school days.

Late departure of children/families will result in paying a late fee. The late fee is \$10 at 4:31/**5:31PM (this is based on the Brightwheel app and sign out electronic time)**, with \$1.00 per minute thereafter. After three late pickups in one year, the child(ren) will be suspended from the center for up to five (5) days. After the fourth late pick up, enrollment will be terminated. Parents will be advised when either a suspension or termination is imminent.

Please honor the closing time of the center. If you pick up your child at closing time, a quick departure respects the time of the closing staff.

PARENT PARTICIPATION and COMMUNICATION

Parent involvement is a crucial part of individualized curriculum and is essential to having a high quality program. The CDC offers families a variety of ways to participate in the program. Volunteering in the classroom, observations, parent conferences, special classroom activities, CDC parent meetings and workshops, and center events are all key parent participation elements. Parents are welcome to participate in classroom activities at any time. Please confer with the teacher prior to each visit. Teen Parents wishing to join the classroom during school hours must have a pass from their classroom teacher.

Day to day communication: All parents are part of the Procure communication system providing check in and check out as well as two way communication. Procure is the electronic method of the program to communicate with families. Procure app is used to give parent real time access to their child's activities. Procure I is provided free of charge to the parents. This is the method of communicating with parents.

There are many events families are encouraged to participate in. Each classroom does a family project almost every month and is shared in the room. Events such as Fall Festival, Harvest Happening, Christmas Program, Community Leaders reading, Earth Day/Tree Planting, Week of the Young Child, and End of the Year Celebration are some of the events offered for family participation. Additional ones may also be added in specific years. We also offer parent topics and information. These events have included presentations and services on : meal/nutritional, car seat safety, relationships.

Field trips such as the end of the year PreK, Cinco De Mayo activities, cafeteria tour, DeZavala or fish hatchery (all in walking distance) or others similar events to be announced, parents can participate and sign up with the allowed number of parents

designated for the field trip. Siblings (younger or older) of the student or children of staff attending the field trip are not allowed on the field trips. This is a special time for the student and should be the focus. This is not a family outing. The program is supportive of siblings attending other events such as the Fall Festival, harvest happening, Christmas program or PreK graduation.

There is always a box available at the parent resource table for confidential comments. We also accept emails or direct conversations including private conversations any parent feels they need. Surveys are completed toward the end of the school year and all parents are encouraged to give their input.

Parent education events include: newsletters, TBA parent education opportunities for all parents, high school parenting course (which meets three (3) times a week), flyers on special issues, regular information flyers on classroom specific topics (i.e.: biting in the toddler rooms, move to sippy cups from bottles in the infant room), parent teacher conferences, development articles, and postings to name a few.

PARENT CONFERENCES

Parent/teacher conferences will take place twice a year, once in the fall and once in the spring, or more if needed. If at any time, parents have questions or concerns about the care children are receiving, parents are welcome to talk with the CDC teachers and the Center Director. Procare is used to give parent real time access to their child's activities.

VISITORS

The CDC is for the parents and children attending the center only. Visitors are not allowed. Immediate family members (Grandparents of the child) not attending SMCISD schools are allowed in the center to visit the child, **ONLY WITH THE PARENT'S WRITTEN PERMISSION.** Parents are allowed access to the center at all times and maybe unannounced.

INDIVIDUALIZATION

The SMCISD Team takes a team approach to work on individualization. The process is as follows:

1. Each child enrolled receives initial assessments that help to prepare the team for the individuals goals and curriculum.
2. Each child has an individualized educational section which contains their individual initial assessment, monthly plans and the on-going monitoring of the assessment to continue and identify the changing individual child needs.
3. The family has input into the assessment, goal and curriculum.

GUIDANCE METHODS

The SMCISD CDC uses positive guidance methods in order to help children learn self-control without loss of self-esteem. Corporal punishment, such as any form of controlling what a child eats, or when they rest or toilet, is never appropriate and is never used at the CDC.

Parents must follow the CDC's Discipline Policy while at the center.

Discipline is helping children learn self-control. Discipline is setting limits and correcting behavior. Discipline is also encouraging children, guiding them, helping them feel good about themselves and teaching them how to think for themselves. The classroom environment is structured to avoid discipline problems. Within established limits, children are able to make choices of play activities,. Teachers and assistants provide ample play spaces and materials to discourage conflict and create an environment which supports independence and success.

Children are encouraged to develop language skills to help them communicate their needs and feelings. Adults and other peers model language skills so children will learn to use language for problem solving. When conflict arises, teachers encourage children to use language to solve their problems. If a child is having difficulty using language or being self-directed in an area of play, they will be redirected to another activity. In the even the child is unable to gain control, they will be asked to leave the activity and is given personal space away from others. A child may choose to return to the activity when they are able to follow the guidelines for behavior.

Guidelines for behavior are clearly explained. Adults continuously model appropriate behavior and language skills to the children. Children are allowed many opportunities for decision-making and self-direction. The program strives to support the development of an internal control system allowing children to grow and function within a social setting.

Corporal punishment and the use of food, rest or toileting as a form of control are never appropriate and are not used at the CDC. Staff will never tease, humiliate, yell at or speak to a child with disrespect. Maintaining our goal of fostering a strong self-esteem, children will be encouraged and praised by their teachers in positive ways.

Excessive Challenging Behaviors

A child experiencing excessive challenging behavior will have a conference set with the parent and a plan will be developed that will include the classroom teacher, parent, director and specialist as noted (team) approaches to helping the child. A long term plan will be included if the behavior is unable to be corrected or parents do not participate in helping their child resolve their behaviors.

Biting:

Biting is a behavior that is within developmental norms for a child who has not yet developed expressive language. Toddlers have feelings that they cannot always express in words, and impulsive biting is quite often a replacement. Parents must also understand that some children do not adapt well to a highly stimulating environment and this may result in a biting incident. Biting may also be an indication of teething or the onset of illness. Most children outgrow this behavior as they develop these expressive language skills. Should a biting incident occur, please be assured that appropriate measures will be taken and parents will be informed.

1. The child who has been bitten will be given the most attention. Hugs and love will be used while the bitten area is cleansed and ice applied.
2. The biter will be gently, but firmly, grasped by the shoulders, and the teacher, at eye level, will firmly say "No bite" (to toddlers), or "Biting hurts our friends. No biting" (to two year olds and older). Then the child will be redirected to another activity which could include age appropriate time out.
3. The teacher gives to the parents of the injured child and biter a written report (no names are mentioned). A copy is also given to the office for our records.
4. If one of our children is continually having a problem controlling their urge to bite, the director of child care will make every effort to work with the parents and teachers. A child development professional may be asked to observe the child in the classroom to give all parties additional directions.

DAILY SCHEDULES

Each classroom has lesson plans, opening/closing duties, and daily schedules posted.

Outdoor Play

Texas Minimum Standard for Outdoor Play

746.2205 Activity Plans: The written activity plan must include at least the following: (3) Outdoor play in which the children make use of both small and large muscles both in the morning and afternoon.

746.2417, 746.2507, 746.2607 Infants/Toddler/Pre-Kindergarten age- Daily opportunities for outdoor play as weather permits.

The law requires outside play for a minimum of 30 minutes a day. In licensing clarification, conditions are considered good weather if it is above 50 degrees and below 100 degrees. We do not take children out when it is raining or an advisory has been given by the State Health Department such as bad air days due to such things as the fires and the smoke blown from Mexico in the spring (which has occurred in the past few years). On extremely windy days we will use the small play yard where the building blocks the wind and can be a huge factor in wind chills.

Each child has a health check when they arrive. This is the time parents and staff, as partners will also review health needs, ongoing issues and any health concerns. When a child has been out and seen by a physician, a note allowing the child to return will be provided by the parent.

Children who are too sick to go outside are too sick to be at the center. Please take proper steps in addressing the illness.

Screen Time(live technology) Policies- 2 years old and older

As children age, some classes have some electronic devices (computers, iPads, etc.) in centers that all children will have daily time to explore on limiting time frame (for short periods of time and not to dominate the individuals daily schedule). Other screen time, such as TV watching, is very limited. During special events such as PANDA's being born and live streaming will be played on the computer for students to watch off and on. During bad weather days, screen watching may be done in periods no greater than 20-30 minutes before the program is turned off and activities are offered. This approach is also seen when doing special events such as Polar Express, Charlie Brown Thanksgiving or other child/educational themed movies seen during theme days. Screen watching also may occur for up to 30 minutes during the last hour of the closing hour depending on weather.

Teachers may incorporate a video into their lesson plan to reiterate what they are teaching.

THE TRANSITION FROM THE INFANT CLASSROOM TO THE 12-18 MOS CLASS

1. **ALL** children must be off the pacifier when they are 12 months old. Children 12 months and older are not given a pacifier during the day. We highly encourage consistent practices at home in order to make this transition as smooth as possible for the child. Children may be confused and often become frustrated when they are receiving a pacifier at home, but are not offered one at school. This can also cause them to not sleep well at nap and have a difficult afternoon due to being so tired. This as a result can cause them to crash when they get home and not be able to spend time with mom and dad.

2. **ALL** children must begin the school food program offered at school, unless special dietary requirements or health concerns are documented by the child's physician, and are on file in the office.

3. **ALL** children must be off the bottle. Children 12 months and older must be using a sippy cup. These are developmentally appropriate practices for this age. Again, consistency at home is essential. Children may hold out, or refuse their cup if they believe they will eventually be offered a bottle.

4. Children must wear shoes daily. Even if your child has not mastered walking, they may be developing this skill, and will need adequate footwear.

PERSONAL BELONGINGS

***** CLEARLY LABEL ALL CLOTHES, CUPS, BOTTLES, BOTTLE CAPS, JACKETS, COATS, BLANKETS, PILLOWS AND CASES WITH CHILDS FIRST AND LAST NAME OR LAST NAME INITIAL *****

TOYS, FOOD, MONEY, AND PERSONAL BELONGINGS ARE TO REMAIN AT HOME. The only exception to this is the "security object" which may be part of the child's napping routine. Please **clearly mark any item you bring to the center with your child's name.**

Toy guns and other weapons are not allowed at the CDC.

CLOTHING

Outer wear must be appropriate and manageable for the child and weather, e.g., coats and hats for cold weather, sweaters for cool weather, and shorts for hot weather. All jackets or accessories must have the child's name on it. Children must wear shoes. Closed-toed, rubber-soled shoes are the only acceptable styles of shoes for the center. For children in diapers, only disposable diapers are used at the center.

BIRTHDAY CELEBRATIONS

Birthday celebrations are done for 2 years old and older. It is done during the afternoon snack (after nap). Parents may bring in cookies or small cupcakes (no homemade). Party favors, table decorations, large cakes are not allowed.

The program celebrates each child's birthday during the school year with the birthday banner and for the older children, the birthday child is allowed to play with the birthday box and share with her class friends. If birthday invitations are passed out, all students in the class must receive the invites.

TOILET LEARNING

Toilet learning is often an emotionally charged experience for all concerned, including the children, the parent and the teacher. In our 2/3 year old classroom children will become more aware of toilet learning and it is at this time the parent and teacher will make a plan. All children in the Pre-K class must be independent in toileting unless designated by an IEP (discussed in section on special needs).

In order to make the toilet training process as smooth and effective as possible, these policy guidelines are followed by the center:

1. A parent-teacher conference is required to discuss a toileting plan. This means the child cannot be sent to the CDC in underwear prior to developing a plan with the teacher.
2. Diaper free awake period will start at home for at least 1 week (during breaks such as summer, winter or spring) prior to starting at school. Diapers may be used during nap or sleep time. This will be only short term.
3. Once toilet training has started, ample dry clothes must be brought on a regular basis.
4. No pull ups are allowed at the CDC.

FOOD SERVICE PROGRAM AND NUTRITIONAL POLICIES

The CDC "provides" breakfast, lunch and snacks (am snacks for children through 18 months and pm snacks for all children) through the Child and Adult Care Food Program (CACFP) for children enrolled in the CDC. All children 12 months and older are required to eat the school provided meals/snack, unless an allergy authorization is completed and updated annually. All children receive this exact meal pattern because there is only a full time all day enrollment. All requirements of the CACFP will be followed. All classes eat in the kitchen area of the CDC except for infants. The program follows the SMCISD CDC breakfast, lunch and snack menu, posted in the kitchen and throughout the CDC. Parents receive a copy when school starts or child is enrolled. It is also available online on the program website.

The center provides baby food, baby cereal, or "regular food" for children 0 months -12 months. Families may provide their child's food until 12 months. Monthly feeding forms are completed up to 12 months to help keep everyone updated on the infants changing food needs.

Food and milk from the CDC must be consumed at the center. It is not allowed to be taken "to go."

A physician must authorize the requirement of a special diet for a child providing a diagnosis. A physician's statement must also be given to Center staff to give a child a food previously forbidden. A food allergy authorization must be updated each year.

Specific types of milk, formula or breast-milk need to be communicated with the teachers regularly and documented when changes occur. Unique milk requirements will be the responsibility of the family to provide.

Children with extreme allergies may be required to provide the child's lunch. No outside food is allowed for children 12 months and older, except on teacher work days (healthy sack lunches will need to be provided, with no heatable food items), parties or rare special treat day need to be coordinated with the teacher. If the child is required to provide their own food it must contain food from all food groups, non-heatable, labeled, and mimic as close as reasonably possible the CDC menu.

The SMCISD CDC uses a modified family style dining to accommodate the individual developmental needs of a class, group of children dynamics and individual children. The children have more involvement in the meals as child developmental skills and interest in the process evolve.

Parents are required to clean up after their meals with their children when they stay with their child. This includes throwing trash away, washing any dishes used, wiping the table and picking up dropped food.

BREAKFAST

Breakfast is served at approximately 8:00 AM and ends at 8:20 AM, when all classes begin their clean up and move to Morning Welcome and Circle Time. Parents arriving after their child's class time for breakfast must provide a breakfast for their child outside of the structured class prior to the child joining the class for the day. For example, if a parent arrives at 8:20 AM and the class is already cleaning up, if the child needs breakfast and food is still available, the parent must stay with the child until done.

LUNCH TIME

Lunch is served during designated lunch times only. These times are posted in the child's schedule.

BREASTFEEDING/NURSING MOTHERS

The CDC staff supports breast-feeding. Breastfeeding is allowed and encouraged with approaches that are respectful to all individuals in the center. The infant room's breastfeeding space has resources and support for breast feeding.

SNACKS

The center provides a morning and/or an afternoon snack (depending on age of child- see individual class schedules) and 100% juice when served. Snack menu is posted in kitchen.

Lunches from home on teacher work days

All lunches must be healthy and nutritious. No candy, soda, sugar drinks, chip only meals or any other non-nutritious meal is allowed according to the Texas Minimum Standards.

Infant Feeding

Infant feeding requires special instructions. A written care plan, signed by the parent monthly, is needed until the child is 12 months of age. Parents must provide prepared infant bottles. Baby food is provided with what is in stock. If the child requires something not in stock in the CDC, then the parent will need to bring it.

The following bottle guidelines:

1. Bottles must be plastic. Bottles should be premade and must all arrive in the morning. Bottles should always be cleaned and sanitized before making new bottles. Bottles with a strong "sour" odor indicate bacteria is present and the bottle(s) will not be given to the child. If there is no other bottle available, parents will have to come and either pick up child or provide clean bottles.
2. Bottles must have plastic nipples and covers per the TDFPS licensing requirement.
3. Bottles will not be refilled at the CDC. All bottles are rinsed after use throughout the day.
4. No medicine, vitamins or cereal can be mixed in a bottle.
5. All bottles and nipple covers must be labeled with a permanent marker and relabeled when the name wears off. The child's first name and initial are required (more if there are two of the same names).

SMCISD CDC practices a feed on demand philosophy with infants who are not yet eating table food at regularly scheduled times. The best way to build positive relationships with the infants is to provide warm responsive care and to follow their cues when they are trying to communicate their needs

All parents have the option to feed breast milk or formula. Parents are welcome to breastfeed their child at the school as we have rocking chairs in the infant room that allow for this. However, when the child turns 12 months, all children must be off the bottle and off the breast (for the active day). We can still administer breast milk, but it must be given by a cup.

Just as we would never force a child to eat, we will never deny a child food when they are expressing hunger. Please keep this in mind when completing the monthly infant feeding schedules. Though we ask for general times that your child eats or takes a bottle, this is used as a guideline in order to become more familiar with your child's developing routine. We will, however, modify it according to your child's needs on a particular day. We will often make suggestions such as when to start feeding your child cereal, introducing the next levels of food, introducing the cup, introducing snack foods with texture, etc. This is not "to tell you how to raise your child", it is simply to keep them in the general norm of development. Often times when children are not introduced to these new levels at certain points in their development, they have a more difficult time when it is introduced at a later time. Please feel free to discuss your child's dietary needs with the infant teachers, assistant director, or director.

Infant Sleeping- (see attached Licensing require safe sleeping policy) Infants will be provided with a firm, flat, waterproof mattress that snugly fits the sides of the crib. No foam material will be added. Sheets will be snug and devoid of any entanglement hazard.

Documentation of the appropriate bed will be present in the Program Product Certification Manual. Cribs will be assigned and labeled with one baby's name. Sheets are changed daily.

An infant may lay in a crib when awake for no longer than 30 minutes if content and responsive.

Infants must be placed on their back until they are able to roll to and from the back/stomach.

Infants may fall asleep in a restrictive device (ie: swing) but will be moved as soon as reasonably possible.

Infants cannot be swaddled nor in bulky clothing.

Licensing's allows for Sleep exceptions but the required paperwork and approval must be completed prior to implementation of any changes in the policy/ Licensing law on infant sleeping.

HEALTH POLICY

There are times when it is necessary to ask a mother/father to take a child home and/or to a doctor. There are several reasons for not allowing a sick child to stay in the day care.

1. A sick child will be more comfortable at home, away from other children. Many times what a sick child needs most is to be held and comforted by his mother/father or some other familiar person. This comforting can help to speed up the child's recovery from illness.
2. There is not enough childcare staff to give special, isolated duty care to a sick child in the CDC. The CDC does not provide ill child care. If a child is sent home the child may not return for 48 hours. After the initial 48 hour period the child must be symptom free for 12 hours or have a doctor's note stating the child is not contagious
3. Many common illnesses spread quickly from one child to another.
4. Some signs of illness may be the beginning of a more serious disease. Many of the serious diseases of childhood start with the same signs as a "cold."

Every effort to prevent the spread of disease is made by the center staff. **FREQUENT HANDWASHING** is crucial (by children, parents, and teachers). Great care is taken to disinfect diaper-changing areas in the infant and toddler rooms **AFTER EACH CHANGE.**

The child who is sick or has other contagious conditions will be sent home with a parent or authorized person. The child who has a temperature during the night or upon awakening should not be in group care for 24 hours after the fever has reduced to a normal temperature.

The following are some of the common reasons children are excluded from care until the symptoms are resolved.

1. Fever 100.4 degrees, must be fever free for 48 hours with NO USE OF FEVER REDUCERS (such as Tylenol)
2. Unable to participate in the normal routine of the day, including going outside as required by law
3. Vomiting
4. Diarrhea- children will be sent home after 1 incidents.
5. Pink eye
6. Measles, roseola, rubella, fifth disease, chicken pox, whooping cough, mumps, collectively known as childhood diseases.
7. Rash
8. Skin infections such as impetigo or undiagnosed
9. Strep throat
10. Influenza
11. A child showing sever symptoms for longer than **48 hours-** green runny nose, mouth breathing, strong breath, raspy breathing, fussiness, unable to nap, demonstrating prolonged discomfort, pulling at ears or throat, will be sent home and need a physician note to return.
11. A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate the child is no longer contagious.

Allergies

POLICY for Allergies in CDC

Children identified with a severe allergic reaction to specific issues (peanut, bees etc...) will have all individual needs met.

All allergies are listed in the kitchen and on emergency cards. These can be updated as parents identify. EPI pen's are stored in the office area and in the kitchen cabinet in the CDC.

All staff are trained annually (or upon admission) on any specific child allergies in the CDC as well as how to administer an EPI pen in the event of an emergency. An Allergy and Anaphylaxis Emergency Plan is completed for children identified with severe life threatening allergies.

A RN from Goodnight is always available for helping assess individual circumstances when a reaction is not critical but needs further medical evaluation beyond the programs normal scope and understanding.

All reactions that evolve into open sores must be covered while in attendance. In the event it is extensive, the child maybe excluded from attendance until all symptoms have been eliminated.

Food Allergies

Children with food allergies that can be accommodated in the program will be done so. If the allergies require specialized food beyond the scope of food service, then the family will be required to provide the food.

Topical Allergies

All topical allergies will be accommodated as reasonably possible within the CDC program. If the allergy needs of a child extend beyond the routine services, the family will provide the needed items (ie: wipes, or face wiping items).

Insect bites

Normal routine insect bites are attempted to be prevented through environmental controls such as limiting free standing water. In the event a child does have an insect bite, basic first aide is provided. In the event a child has extensive reactions, their individual treatment plans are followed and items beyond routine care are provided by the family.

Staff Vaccine Policy and Procedure, revised 9/2019

There is no specified immunization process for staff at this time.

IMMUNIZATIONS (SHOTS)

Immunizations are required to follow the Texas Immunization schedule for childhood immunization. A copy of the record must be on file and contain updated and current immunizations as indicated by the Texas Immunization Schedule. Failure to have current immunizations can suspend or terminate services. Immunizations must be current within the guidelines of the recommendations. The SMCISD CDC does not provide for variances for immunizations required for the Child Development Center.

VISION and HEARING EXAMS

The SMCISD nursing department completes the annual vision and hearing screenings in the Fall for all children 3 and older. All families receive copy of the results as well as a copy placed in the child's record. If there is further concerns the recommendation is included on the notification to the families.

ADMINISTRATION OF MEDICATION

Medication should be administered by the parents whenever possible. The medication card must be completed and signed by the parent before the staff can administer medication. **THERE ARE NO EXCEPTIONS!**

The CDC medicine policy is based on the guidelines for medication admission presented in the Minimum Standards and Guidance of TDFPRS and the National Academy of Early Childhood Programs:

Any medications brought by parents for their child(ren) must:

- a. Be in the original container.
- b. Be labeled with the child's name.
- c. Be labeled with the date (if prescription medicine).
- d. Include directions to administer the medication
- e. Non-prescription medicine is only be administered by the CDC according to the directions on the label or per physician's written orders.

DIAPER RASH OINTMENTS- Parents may give written permission for staff to apply diaper rash ointments on their child for up to one month per request. Written directions must comply with product label directions. Prescription ointment products will be administered per the medication policy for prescription medicine.

Sunscreen may be applied when needed. Insect repellent without DEET is used in months that may require the use but on limited body parts (arms and legs only) and parents are told before use is implemented in late spring.

MINOR INJURIES AT THE CENTER

Children are by nature active, curious creatures. While every attempt is made to provide a safe environment, the nature of a good children's program means that accidents or injuries may occur as children play and explore their environment. If children are involved in a situation that results in one child being hurt, the identity of the other child(ren) will not be given by the staff. Basic first aid is always administered followed by an accident report complete with original to the parent of the injured child and copy to the record. Administratively, we review the incident reports as they occur and on a monthly and annual basis for trends, needs and/or problems. We work very hard to make our program a safe environment and all our staff are very concerned when children have even a minor injury.

In case of critical illness or injury during Center hours, the child's parents and physician will be contacted immediately. If a life-threatening condition occurs, the child will be transported by ambulance service to the nearest emergency room.

CHRONIC HEALTH CONDITION: If a child has been diagnosed with a chronic health condition (asthma, allergies, etc.), the CDC needs detailed information from the parents about the child's health problem. Directions for administration of medication, diet, or physical restrictions for the child must be on record with quarterly updates.

EMERGENCY PLAN EVACUATION

Monthly drills are practiced with the children and documented for review by licensing and other government entities. Evacuation routes are posted in each classroom. The detail evacuation plan is maintained in the office area with the Monthly documentation and reviewed annually as a training and monthly during drills.

Fire evacuates- to 150 yards from the building. Drills require complete evacuation within 3 minutes for all children. Weather evacuations- will evacuate when safe to move, to the Teaching and Learning building adjacent to the CDC. Lock-down procedures- requires all students to stay in place and attempts to move to an area away from windows.

In the event of a live evacuation and if time has allowed, a posting is placed on the front door to the center and Brightwheel message is given to all parents at one time at the first safe time to do so. Evacuations care safety kits, snacks, and small items to help keep children calm are taken with them if time allows for grabbing the kits. Emergency cards all parents fill out are taken with the evacuating class.

CENTER POLICIES AND PROCEDURES

The Center's policies and procedures are designed to comply with accepted administrative procedures for implementation of a developmentally sound children's day care program AND SUPPORT OF THE ACADEMIC EFFORTS OF THE SCHOOL AGE PARENT. The policies and procedures master copy including the parent handbook is maintained in the program coordinators office during operational hours as well as copies throughout the center. Policies are reviewed annually prior to the new year's enrollment process.

Breaking the rules of the CDC may result in the following consequences:

- Violation 1:** Communication with an appropriate Center representative.
- Violation 2:** Communication with the Center Director and possible suspension.
- Violation 3:** Possible termination of enrollment.

However, in unusual circumstances, the Center and SMCISD administration will decide upon an appropriate course of action, which may include notice of termination of enrollment.

DRUG POLICIES

The CDC is a drug-free workplace, as required by the Drug-Free Workplace Act of 1988 (TX State/OL No 2.17). Persons must not smoke in the presence of children. No tobacco products of any kind are allowed on SMCISD property that begins at the drive of 540 Staples Rd.

Persons appearing to be under the influence of alcohol or other drugs will not be allowed on the CDC premises.

Gang-Free and Violence Free Zone (added for 2012-2013)

Gang and violent behavior is a zero tolerance within any property of SMCISD up to 1000 feet from the SMCISD property lines. Signs are posted on the exterior wall. If anyone is suspected of involvement in gang or a violent act, it is reported immediately to local law enforcement.

REPORTING CHILD ABUSE AND NEGLECT Child abuse hotline number is 1-800-252-5400.

Texas Family CODE, Chapter 261, mandates that any person "having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect shall immediately make a report." In the State of Texas, reports are made immediately to the Texas Department of Protective and Regulatory Services and/or the local police depending on the urgency of the report. It is not the responsibility of the CDC to investigate reports. If a CDC staff person is accused of abuse or neglect towards an enrolled child, the staff person will be reassigned or relieved of job duties (temporary or permanently) during the course of the investigation. The CDC is required by law to abide by the procedures of Child Protective Services which may include an investigator to interview a child at the center. To report suspected child abuse or neglect call 1-800-252-5400.

Refer to the in-depth policy and procedure in the Program's Official Policy and Procedure Manual.

GRIEVANCE PROCEDURE

If a problem with the Center occurs, the parent should talk about it with the appropriate staff person. Concerns about children or a child's teacher should first be discussed with the teacher. If this does not take care of the matter, it is then discussed with the director and/or an assistant director. Concerns about policy matters should be discussed with administrative personnel. In order to address concerns, administrative personnel will reference the existing regulatory guidelines, Center policies, and SMCISD approved procedures. A formal complaint must be put in writing.

NON DISCRIMINATION STATEMENT

The CDC and the School Age Pregnant and Parenting Program is in compliance with Title VI of Civil Rights Act of 1964 (Public Law 88-352), the Age Discrimination Act of 1975 (Public Law 94-135) and the Rehabilitation Act of 1973 (Public Law 93-112). This center is an equal opportunity program. No person, in the United States shall, on the grounds of race, color, belief, or religion be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination. If you believe you have been discriminated against because of race, color, national origin, age, sex, a disability, political beliefs, sexual orientation or religion, you may lodge a complaint against the management staff of this agency and/or write immediately to the Civil rights Department, Texas Department of Human Services, PO Box 149030, Austin Texas 78714-9030 (512)450-3530.

WHAT TO BRING TO THE CENTER DAILY

| | INFANT (0-12 months) ROOM | CRAWLER ROOM (12 months to 2 years) | 2's and 3-4 yr old ROOM(s) |
|--|---|---|---|
| Bottles <i>(Pre-made & marked w/ child's first and last name)</i> | 6 – 4 ounce bottles and as child ages this will be individualized, when infants begin to eat cereal, it will change again | NO BOTTLES (and pacifiers) after 12 months (this includes Sippy cup like bottles) | N/A |
| Change of clothes | 2 changes | 1 change Child must be wearing shoes every day. | 1 change, additional clothing if toilet trained. *unless in process of training it should be 5 changes- see policy . Child must be wearing shoes |
| Number of diapers | 10 | 6 | 5 or sufficient training pants for the day |
| Nap Mat | No | Yes | Yes |
| Personal comfort items- <i>(Marked w/ child's name first and last)</i> | Example: pacifiers Blankets and soft toys are not allowed in the infants beds | Blanket and nap mat (or sleep mat) *NO OVERLARGE ITEMS | Blanket and nap mat (or sleep mat) *NO OVERLARGE ITEMS |

Revisions 3-30-03

6-30-06

2-12-08

1-28-09

1-27-10

6-3-14

9/23/14- child abuse hotline #, transition from infant to toddler, late arrivals (doctor appointments)

1-30-15 for 2015-2016 school year-: nutrition, menu breastfeeding, refund process, attendance and reporting absences, cold weather policy, arrivals-separations, physical activities vs. screen time policy, update contact info process, system for communication between parent and center, family orientation (new form), Parent resources, Parent involvement, challenging behavior and define the team and process,

11-11-15, per CCL directive section added on Staff Vaccine Policy

10-4-17 add hearing and vision, emergency plan, safe sleep, licensing contact info and parents access at all times

8/2018 added policies are reviewed annually pg 12

For 2019-2020 school year: font chaged to district branding, Food services prgm change from National School Lunch to CACFP and required clarifications, staff immunization change regarding tB



OPERATIONAL POLICY ON INFANT SAFE SLEEP

Purpose: 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

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 Syndrome (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

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 an Infant Sleep Exception form 2710 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 and §747.2315]. 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 and §747.2315].
- 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

(insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415 and §747.2315].

- 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 or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- 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 an Infant Sleep Exception form 2710 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 an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2428 and §747.2328].

