



Webb County Head Start

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Webb County Head Start and Early Head Start Minimum Standards Operational Policies

The Webb County Head Start Program has developed the following Minimum Standards Operational Policies. The intent of this document is to ensure that all parents, children and employees are provided with required information. Any non-compliance of these policies may result in unfavorable action.

1. Days, months and hours of operation

Head Start - Monday-Friday / August-May / school hours 7:45-3:00

EHS - Monday-Friday / August-July / school hours 7:45-3:00

CCP - Monday-Friday / August-August / school hours 7:45-5:00

UISD - Monday-Friday / August-May / school hours 7:30-3:00

LISD - Monday-Friday / August-May / school hours 7:30-8:00 dismissal Mon.-Thurs 3:30 & Fri. 3:15

2. Procedures for release of children

Authorized Persons: During the application process, parents provide names of individuals who are authorized to pick up their child (ren) on a regular basis and in the event of an emergency. If the parent chooses to not designate anyone else, they will need to indicate this in writing.

Preferably, persons authorized for pick-up of children will be 18 years of age or older. However, persons between the ages of 14-17 are considered upon written consent from the parent. The person designated to pick-up child must provide a form of identification such as, valid photo identification, an instant photograph of the individual, or recording the driver's license number and car tag numbers.

Transportation Release: If the child is transported the parent must follow the same procedures for authorized persons.

Sign-out Parents must sign-in for their child upon arrival at the center and sign-out for their child upon dismissal from the center.

Emergency Release Plan: In the event that an authorized person is unable to pick-up a child, the Emergency Release Plan will be followed. The parent must provide the Area Service Manager, Family Service Worker, or the Teacher with information regarding the person whom the parent is authorizing the program to release their child to. Staff will record the identification of the person (picture identification, vehicle license plate number, personal appearance, and dress). This information will be kept in the child's record for the school year.

Minimum Standards §746.4101: Who may I release children to?

You must release children only to a parent or a person designated by the parent. The following steps will be taken when a parent or legal guardian calls the center to authorize another person to pick-up the child/children.

Step I - The Area Service Manager, Family Service Worker or Teacher will solicit and document the following information from the parent or legal guardian.

1. Name of the child;
2. Name of parent or legal guardian;
3. Driver's license number to confirm correct identity; or
4. Social Security number; and
5. Description of child and Date of Birth.

Step II- After the caller has been confirmed and has provided the information for identifying the person, the following steps will be taken to release the child to an individual unknown to the center staff.

1. The person must have picture identification. The Head Start staff will make a copy of the ID;
2. Staff will write down the car's license plate number;
3. If 1 & 2 is not applicable, person must have some form of identification; and
4. Document the person's appearance.

If they suspect the person picking-up the child is under the influence of drugs or alcohol, you may call the local police and request assistance (956) 795-2800.

This information will remain in the child's folder or in the Family Service Worker's file for the remainder of the program year.

3. **Illness and exclusion criteria**

When a child is absent due to any one of the following conditions, a medical statement is required prior to the child returning to the classroom:

- The child has been diagnosed with a communicable disease.
- The illness/injury requires more supervision than normally provided.
- The illness/injury compromises the health, safety and supervision of other children.
- The illness/injury restricts the child from comfortably participating in activities.
- The child exhibiting any symptoms indicated in Minimum Standards such as:
 - a. Oral temperature 101 degrees or greater; rectal temperature 102 degrees or greater; armpit temperature 100 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness.
 - b. Signs and symptoms of possible severe illness such as lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting (two or more episodes in 24 hours), rash with fever, mouth sores with drooling, wheezing, behavior changes, or other unusual signs.

4. **Procedures for Dispensing Medications:**

The Medication Policy has been approved by the Webb County Head Start Health Services Advisory Committee and Policy Council. The Policy is reviewed annually and posted in every classroom in the Health Content Corner. Training on the procedures for administering medication is provided on an annual basis during General Staff Orientation.

Policy:

The Medication Policy addresses all procedures, including container storage, inaccessibility to children, expiration dates, and transportation. Whenever possible, medications should be given at home. Trained Staff will administer maintenance medications to children with chronic diseases or life threatening conditions. Parents are permitted to administer medication during school hours. Over the Counter (OTC) medication will not be administered by school staff.

The administration of medication at the Laredo Independent School District and at the United Independent School District will be administered by the School District Nurse only.

Procedures:

1. An Authorization for the Administration of Medication form must be completed, signed by a parent, and kept on file. The form provides the Program with consent to administer specific medication(s).
2. A signed statement from the prescribing physician, who is licensed by the State of Texas, describing each medication, detailing the administration (dosages and time administered), side effects, and contraindications.

3. The parent will provide all medication in the original prescription container from the pharmacy, properly labeled with the child's name, date, directions for administering the medication, the expiration date, and the name of the prescribing physician. A copy of the Patient Education insert given by the pharmacy with the name of the pharmacy and telephone number must be included. The parent will be responsible for administering the first dosage at home. Child will not be readmitted to the program for 24 hours after commencing a new medication (for observation of possible side-effects). If the child does have a reaction to the medication, parents are instructed to inform their physician immediately, to keep their child at home, and to follow their physician instructions. First aid will be administered by First aid /CPR certified staff and 911 called in case of an emergency while at school.

A designated Teacher or Teacher Assistant will be responsible for the following:
(In their absence, refer to the Health Coordinator.)

- Follow the physician's instructions for administering medications.
- Complete the Authorization for the Administration of Medication Log after each dosage is administered. The log includes: The date, time, name of person administering, and the medication dose. Documentation of any side effects will be noted on this form. Staff will notify and review concerns with the parents immediately or on a weekly basis depending on the present situation. A copy of this form will be provided to the parent to take to the physician.
- Observe the child and document on the Observation Form for the Administration of Medication on a weekly basis or each time the medication is given.
- Review records weekly with the child's parents for any side effects. A copy of the completed observation form will be given to the parents to be taken to their next doctor's appointment.
- Maintain an individual record in the child's folder (under the Referral Tab).

Instructions for the Care of Medication

- Store medication in the original container.
- Kept out of reach of children and in locked storage.
- Refrigerated, if required, and kept separate from food.
- Return the medication to the parent when the medication is finished has expired, order has terminated, or when the child withdraws from the facility.

All documentation will be kept confidential. Staff will only discuss a child's condition for case reviews or legal matters. Information will not be released without the consent of the parent or legal guardian.

Forms and Documents

1. Authorization for the Administration of Medication (signed by parent or legal guardian)
2. Physician's Authorization for the Administration of Medication (Licensed by State of Texas)
3. Observation Form for the Administration of Medication
4. Administration of Medication Log (For medications administered at the center)

A Licensed Vocational Nurse or consultant will train the staff prior to any administering of medication. Training will be provided on proper techniques for administering, reading, handling, storing, administering, and the use of other necessary equipment.

5. Procedures for handling medical emergencies

For Minor Emergencies (after providing First Aid), Report to:

1. Parent
2. Health Coordinator, if child needs transportation to hospital
3. Area Service Manager
4. Main Office (Secretary)
5. Complete "Illness Incident Report"

For Major Emergencies (after providing First Aid and calling 911), Report to:

1. Parent
2. Health Coordinator
3. A.S.M.
4. Assistant Director
5. Complete “Incident and Illness Report”
6. Fill out County Accident Report (if child has no health insurance)
7. Licensing Department (210) 337- 3399 after authorization is given by Assistant Director.

6. Procedures for Parental Notifications

Written notifications are provided at the time of enrollment, by monthly Newsletters, at parent meetings, by home visits, individualized parent conferences, and any other form of communication deemed necessary by the Program Director.

7. Discipline and Guidance Practices

Philosophy:

The Webb County Head Start Program believes that, by providing a positive learning environment, children will develop in the areas of social, emotional, physical and intellectual growth. During enrollment parents will receive a copy of the Operational Policies that includes the Discipline and Guidance Policies and all educational staff is provided with training as to the implementation of the Plan. Discipline must be individualized and consistent for each child; Appropriate to the child’s level of understanding; and Directed toward teaching the child acceptable behavior and self-control.

Methods of discipline and guidance that a caregiver may use:

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon acceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child’s age. *(Research has shown that positive guidance teaches children skills which help them get along in their physical and social environment. The aim is to develop personal standards in self-discipline, not to enforce a set of inflexible rules. Giving children understandable guidelines and redirecting their behavior helps them to develop internal control of their actions and encourages acceptable behavior.)*

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment;
2. Punishment associated with food, naps, or toilet training;
3. Pinching, shaking, or biting a child;
4. Hitting a child with a hand or instrument;
5. Putting anything in or on a child’s mouth;
6. Humiliating, ridiculing, rejecting, or yelling at a child;
7. Subjecting a child to harsh, abusive, or profane language;
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age. *(Child development research supports that physical punishment such as pinching, shaking, or hitting children teaches them that hitting or hurting others is an acceptable way to control unwanted behavior or get what they want. Children will also mimic adults who demonstrate loud or violent behavior.);* and
9. Forcing children to eat.

Teacher/Caregivers Responsibilities:

A teacher/caregiver is a role model for positive behavior. The following are some ideas to help be a good role model and avoid situations that could encourage unwanted behavior:

1. Demonstrate desired classroom behaviors.
2. If a child seems “lost” or “misdirected,” motivate the child by being friendly, joyful and humorous, so as to involve the child in the classroom activities.
3. Make eye contact, get down to children's level, and use normal voice.
4. Use body language to redirect children's behavior (facial expressions, gestures).
5. Demonstrate enthusiasm toward learning/discovering new activities.
6. Give appropriate reasons for your requests.
7. Acknowledge behavior and take immediate action.
8. Consistently reinforce positive behavior and vary the rewards you use with children.
9. Help children verbalize feelings.
10. Avoid over-directing children (long lectures, giving more information than is required).
11. Avoid large group activities where children will sit idle for more than 15 minutes (parties, Santa’s visit, or any other visitor).

References:

Minimum Standard Rules for Licensed Child-Care Centers. (2010. 91-93.)

8. Suspension and Expulsion of Children**A. Limitations on suspension**

1. Our program will prohibit or severely limit the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature.
2. A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.
3. Before a program/center determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources-such as behavior coaches, psychologists, other appropriate specialists, or other resources-as needed, to determine no other reasonable option is appropriate.
4. If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety.

A. Prohibition on expulsion

1. A Program cannot expel or un-enroll a child from Head Start because of a child’s behavior.
2. When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child’s safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S. C. 705(9) (b)¹⁴ of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child’s teacher.

- 9. Safe Sleep for infants 12 months old or younger that is consistent with the rules in subchapter H**
Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined. A safe sleep environment for infants helps lower the chances of an infant dying from SIDS, and that parents and child care providers will work together to provide a safe

sleep environment. Our centers caring for infants 12 months of age or younger, are required to implement a safe sleep policy, share the safe sleep policy with parents/guardians, and participate in Infant-Toddler Safe Sleep and SIDS Risk Reduction in Child Care Training. Sleep requirements will be as follows:

- Infants will always be placed on their backs to sleep, unless there is a signed Alternate Sleep Position Waiver – by a Health Care Professional Recommendation in the infant’s file. Waiver notice will be posted on infant’s crib;
- Sleeping infants will be checked every 15-20 minutes for normal skin color, normal breathing, and flushed skin to look for signs of overheating;
- No loose bedding, pillows, bumper pads, toys or stuffed animals will be used in cribs;
- A safety-approved crib with a firm mattress and tight fitting sheet will be used; and
- Each child will sleep in his or her crib, only one infant to a crib.

10. Meals and Food Service Practices

All meals are funded through the United States Department of Agriculture’s Child and Adult Care Food Program. The menu conforms to USDA recommended serving sizes and minimum standards for meal patterns for children ages 0-5. Meals are served family style. Menus are posted in each classroom, in monthly newsletters, and are available on the web at <http://www.webbcountytexas.gov/Head%20Start/LunchMenu.html>.

Meal Service Schedule:

Breakfast is served at 8:30 a.m. at all stand - alone centers and at 7:30 a.m. for both ISD’s

Lunch is served at 11:45 a.m. at all stand-alone centers and time varies for both ISD’s

Afternoon snack is served at 1:45 p.m. at all stand-alone centers and at 2:40 p.m. for both ISD’s

Special Diets/Individual Nutritional Needs:

Parents/Legal Guardian should inform the staff (ASM/FSW/Teacher) of any special needs related to the child’s diet. When a child’s individual needs vary from expected eating patterns, a referral is sent to the Nutrition Coordinator who consults with a Registered Dietitian. The nutrition coordinator informs parent of child’s eating patterns at the center site to develop a Nutrition Concern and follow up plan of action. Upon receipt of a written approval for a modified diet from a physician or related health professional, the prescription is filed under “Specialized Needs” under the Nutrition tab. The kitchen personnel and center staff members are notified of menu modifications.

Nutrition Service Committee:

In September each center will elect one parent representative to serve on the Nutrition Service Committee. The Nutrition Services Committee is involved in the planning, implementation and evaluation of all nutrition services.

Parent Volunteers during Meals:

Parents are encouraged to volunteer during meal times to become more aware of nutrition information and appropriate serving sizes. Parent Nutrition Activities are scheduled throughout the year to teach parents food safety and food preparation.

11. Immunization Requirements:

Immunization Policy

Purpose - In compliance with Texas Department of Health Policies and regulations for immunizations, the following protocol for Head Start immunization have been developed. The purpose of immunizations is to prevent infectious diseases in individuals and groups and ultimately, to eliminate preventable illness and disease. Inadequate immunization may lead to unnecessary illness, disease, disability, or death.

Immunization Schedule -The Head Start Program requires the recommended immunization schedule issued by the Texas Department of Health.

Immunization Requirements - Children less than five years of age are required to have the following recommended vaccines: Polio vaccine inject able (IPV), diphtheria, tetanus, and cellular pertussis (DTaP) vaccine, measles, mumps, and rubella vaccine (MMR), hemophilic influenza type B (HIB) and Hepatitis B (HBV). Also, two doses of Hepatitis A vaccine at age of 12 months.

At Birth Al Nacer	2 Months 2 Meses	4 Months 4 Meses	6 Months 6 Meses	12-15 Months 12-15 Meses	2 Yrs & Up	4-6Yrs. 4-6 Años	Every 10 yrs Cada 10 Años
Hep.B	Hep.B Rotavirus DTaP Polio(IPV) Hib PCV	Rotavirus DTaP Polio(IPV) Hib PCV	Rotavirus Hep.B DtaP PCV (Hib)*	DTaP Polio(IPV) Hib MMR PCV Varicella (Chickenpox)	Hep. A #1 Six mths later Hep. A # 2	DTaP Polio(IPV) MMR Varicella	Td

DTaP = diphtheria, tetanus, and acellular pertussis

Hib = Haemophilus influenza type b

Td = tetanus and diphtheria

MMR = measles, mumps, and rubella

Varicella = chickenpox

IPV = Pneumococcal vaccine

DTaP = difteria, tetanus y ferina acelular

Hib = influenza Haemophilus tipo b

Td = tetanus y difteria

MMR = sarampion, paperas, y rubeola

Varicella = varicela

Exclusions from Compliance:

Exclusions from compliance are allowable on an individual basis for the following reasons:

- Medical contraindication – Unless, a lifelong condition is specified, parents of an enrolled child and employees must present an affidavit or certificate signed by a physician. The affidavit or certificate is valid for only one year from the date signed by the physician and must be renewed for the exclusion to remain in effect.
- Religious conflicts – parents of Head Start students and employees must present an affidavit signed by the parent/employee stating that the immunization conflicts with the practice of a recognized church or religious denomination of which the child is a member. However, this exemption does not apply in times of emergency or outbreak declared by the Health Department.
- Armed forces – persons who can prove that they are serving on active duty with the armed forces of the United States are exempted from the requirements.

Note: Children will not be excluded from participating in the Head Start program because they have not received all of their age appropriate immunizations.

Tuberculin Testing Requirements

This program follows the Texas Department of Health for Tuberculosis screening and testing guidelines. Parents will fill out the Texas Department of State Health Services TB Questionnaire at the time of enrollment. If the child may be at risk, he/she will be sent to his/her own medical physician or the City of Laredo Health Department for the actual test.

12. Hearing and Vision Testing Requirements

Screening Instrument:

Audiometric testing is conducted annually. The Audiometric machines used for testing are calibrated every year. Certified staff conducts the hearing screenings.

Referrals for Medical Follow-up:

A referral for medical follow-up will be initiated for a child who exhibits any sign or symptom of a hearing deficiency. Children failing the hearing test will automatically be re-screened within two (2) weeks. If a child fails the test a second time, a referral will be sent to the Health Coordinator. The Health staff will assist the Parent in scheduling a medical appointment.

Vision Testing:

A vision and strabismus screening is conducted annually. The HOTV chart will be used to test vision acuity. The cover-uncover test and Herschberg test will be used to test for strabismus. Certified staff will conduct the vision screening.

Referrals for Medical Follow-up:

A referral for medical follow-up will be initiated for children who exhibit signs or symptoms of a vision deficiency. Children failing the vision screening will be re-screened within two (2) weeks. If a child fails for the second time, a referral for medical follow-up will be sent to the Health Coordinator. The Health staff will then assist the Parent in scheduling an appointment with the child's physician or with an Optometrist.

13. Enrollment procedures, including how and when parents will be notified of policy changes.

Enrollment begins with an application for eligibility, which is processed and reviewed on an annual basis by a Family Service Worker. Upon proof of eligibility and enrollment, the Family Service Worker will provide a copy of the **Webb County Head Start Operational Policies and Procedures** to parents. If there are any policy changes throughout the year, a Policy Update form is provided to every family. An Acknowledgement form will be signed by the parent and filed in child's folder.

14. Transportation

The Family Service Worker will provide information to parents regarding the procedure for requesting transportation services. Parents requesting transportation services must complete a form that helps the Transportation Screening Committee decide who is eligible for transportation services. The Committee is composed of two center parents, an Area Service Manager, and a Family Service Worker. Upon approval of transportation services, the Family Service Worker will inform the parent and review the policies and procedures for transportation services with parents.

Prior to transportation services being offered:

- Staff will be trained on Emergency Evacuation Procedures.
- Each bus will be assigned a two-way radio to use in case of an emergency.
- Bus drivers and bus monitors will know the location of all emergency equipment on the bus and how to operate it.
- Bus drivers and bus monitors will know how to open all emergency exits on the bus, and on a daily basis, they will ensure that the exits operate correctly and are always clear.
- The bus drivers and bus monitors are responsible, on a daily basis, for ensuring that the bus is continually in good working condition.
- Bus drivers and bus monitors will be informed of any special requirements a child might have, including medical conditions, which may be a factor in the event of an emergency evacuation.

Pre and post trip inspection procedures

The Bus driver is responsible for inspecting his/her assigned bus, on a daily basis, both before and after operation, completing the **Driver Vehicle Inspection Report** on a daily basis, and submitting them monthly to the Bus Driver Supervisor. Unsafe conditions are to be reported to the Bus Driver Supervisor immediately. Any vehicle with steering or brake problems will not be operated under any circumstances. The number of passengers on the vehicle guide needs to be followed at all times.

Procedures for Picking-up Children From Their Home:

- Drivers stop at the child's home and will honk the horn three times to indicate arrival.
- Parent meets Bus Monitor half-way between the bus and the child's home.
- Bus monitor greets child and parent who will assist in conducting a morning inspection of the child.
- The parent signs-in his/her child on the Transportation Form.
- Bus monitor escorts child into the bus and ensures that the child is safely buckled down.
- Bus monitor sits in the center of the vehicle so as to monitor children during the trip.
- Bus monitor and bus driver are responsible to check vehicles for any unattended child; personal belongings, and/or trash left behind in the vehicle and sign the bus trip form. This form will be given to Head Teacher to keep at the center.

Procedure for dropping-off children After School:

- The Bus Monitor has a list of the children being transported. When children are picked-up from their classroom, the Bus Monitor must verbally state the child's name to ensure the child is on the list. The Bus Monitor will then escort the children to the vehicle and ensure that the child is safely buckled down.
- The Bus Driver stops at the child's home and honks the horn three times to indicate arrival.
- The Parent meets the Bus Monitor half way between the bus and the child's home. An authorized adult signs-off for the child. The Bus monitor must have a photo identification of the individual, or Driver's License number of the authorized person.
- The Bus Monitor and Head Teacher are responsible for checking the bus for any unattended child, personal belongings, or trash.
- At the end of the day, the Bus driver is responsible for inspecting the bus before leaving it at the compound and must sign the Bus Trip form, which will be returned to the center the next school day.

15. Water Activities (NOT APPLICABLE)**Outdoor Play**

As per licensing standards it is required for children to participate in outdoor activities morning and afternoon. However, the Area Service Manager will use as reference heat index calculator and the **National Weather Service** to check the temperature and determine if children will go outdoors to play.

16. Field Trips and Special Activity Away from Center

- All field trip regulations as stated in the Department of Health and Human Services Minimum standards 746.3001 are followed.
- Teachers must have a signed permission form from the child's parent, including permission to transport child in the case of an emergency.
- Teachers must carry with them each child's medical form and parent's emergency telephone number.
- Teachers must take the Roll Call Book or a list with names of the children on the field trip. Roll call must be made frequently.
- Staff must take the First Aid Kit on the field trip and children's medication box.
- Each Child must wear a shirt, name tag or other identification with the name of the child care center and telephone number.
- Each Caregiver must be easily identifiable by children, by wearing a hat, t-shirt, brightly colored clothes or other easy form of identification.
- Area Service Manager must have transportation or a communication device such as a cellular phone, or two-way radio.
- A caregiver with training in CPR and First Aid with rescue breathing and choking must be present on the field trip.

- The staff /child ratio must be complied with. In the absence of any staff member, two Parent Volunteers, which can be counted in the staff/child ratio, must attend the field trip. The Parent Volunteers must have training for orientation on field trips.
- All Area Service Managers (or Head Teachers) are responsible for posting the following information at least 48 hours before trips. The following information must be posted in an area of clear view until the class returns from the field trip:
 - a. Name of each Teacher attending the field trip with the number of children per class.
 - b. Destination(s) of the field trip.
 - c. Time of departure and arrival from field trip.
 - d. Contact phone number in case of an emergency.

17. Animals at the Center

- Parents will be notified, in writing, at least five working days in advance, when animals will be present at the center. Parents need to sign and return the notice, which will be kept on file. If any parent expresses a concern, it will be recommended that the Teacher not bring the animal to the classroom.
- Animals brought in the classroom must not create unsafe or unsanitary conditions.
- Children will not handle any animal that shows signs of illness, such as lethargy or diarrhea.
- Caregivers and children will practice good hygiene and hand washing after handling or coming into contact with an animal and items used by an animal, such as water bowls, food bowls, and cages.
- Documentation demonstrating that dogs, cats and ferrets have been vaccinated as required by Texas Health and Safety Code, chapter 826, will be kept on file at the center.
- A statement of health from a local veterinarian will be kept on file at the center for dogs, cats ferret, and other animals other than small rodents, such as guinea pigs, mice and hamsters.
- Children will not have contact with chickens, ducks, and reptiles, such as snakes turtles, lizards, iguanas, and amphibians, such as frogs and toads.
- The center and the playground will be kept free of unfamiliar animals.
- Children will not be allowed to play with unfamiliar animals, including dangerous animals such as lions, monkeys, tigers, and any other exotic animal.

18. Promotion of indoor and outdoor physical activity that is consistent with Subchapter F of this chapter

Benefits of physical activities

- Build healthier children by promoting running, jumping, throwing balls, catching, pulling things, lifting and carrying objects
- Contributes to genitive, and social/emotional development
- Improves sensory skills
- Increases attention spans
- Grow in happiness and immunity

Duration of activity is approximately 60-minutes of outdoor; weather permitted will be spend out doors and approximately 30 minutes of indoors.

There are 3-basic types of physical activities:

- Aerobic activities-running, and walking
- Muscle strengthening-climbing or push-ups
- Bone Strengthening-jumping, running, or biking

These activities will take place indoors in the classroom or outdoors in the playground.

These activities take place throughout the day indoors and outdoors. Parents are advised to try to dress children in long pants and shirts...covering the skin prevents scrapes, bug bites, and too much sun

exposure. The most suitable and appropriate clothing for children are closed shoes with a preference to tennis shoes. Avoiding oversize clothing, flip-flops or sandals, hoodies, or clothes with drawstrings.

The program follows a weather index calculator and the national weather service that determines the time that is safe for children to spend outdoors. If the weather is not suitable for outdoors... classrooms have alternative activities that they can implement indoors. Indoor play activities are provided for the classrooms to use during bad weather days.

19. Procedures for providing and applying as needed insect repellent & sunscreen including what types will be used, if applicable.

Teachers will not be allowed to use insect repellent and sunscreen on children. Parents will be able to come to the center and apply the repellants if they so wish. Caregivers/teachers will implement the following procedures to ensure sun safety for themselves and the children under their supervision:

- Keep infants younger than six months out of direct sunlight. Find shade under a tree, umbrella, playground shade, or the stroller canopy;
- Wear a hat or cap with a brim that faces forward to shield the face;
- Limit sun exposure between 10 AM and 4 PM, when UV rays are strongest; and
- Wear child safe shatter resistant sunglasses with at least 99% UV protection.

Insect repellent will not be used by the teachers but the parent will be allowed to come and apply the repellent on their child if necessary.

Drain—Mosquitoes require water in which to breed, so carefully drain any and all sources of standing water around your house and yard, including pet bowls, gutters, garbage and recycling bins, spare tires, bird baths, etc.

Dress—Wear light colored, loose fitting clothing—long sleeved shirts and long pants, hats, and socks

Defend—While the American Mosquito Control Association (AMCA) recommends using commercial repellents, we highly recommend avoiding chemical repellents.

20. Procedure for parents to review and discuss with the Child-Care Director about any questions or concerns regarding the Policies and Procedures of the child care center.

During orientation/enrollment, parents visit the center meet the child's teacher and center staff. Each parent is given a copy of the Operational Policies, which is fully explained in their primary language.

An Acknowledgement Form is signed and placed in child's file in child plus. If a parent has a question/concern, the parent can inform the Area Service Manager, Head Teacher or the child's Teacher.

21. Procedure for parents to participate in the child-care center's operation and activities;

During enrollment/orientation, parents are provided with a Parent Questionnaire to choose the days and times they are able to volunteer. If applicants meet the Federal and State requirements, the following are ways volunteers can participate in the Program: Volunteer in the classroom, Monthly Parent and Policy Council Meetings, Community Volunteer Recruitment Committee, Field Trips, and Health, Nutrition, and/or Education School Readiness Committee (by parent election).

22. Procedures for parents to review a copy of the minimum standards and the child-care center's most recent licensing inspection report.

Licensing information is posted at all centers in the "Licensing Corner" (center license, most recent licensing inspection, emergency and relocation plans, fire inspections, health inspections, gas inspections, Minimum Standards book, etc.). During enrollment/orientation and monthly Parent Meetings, parents are informed that they are able to review this information via email by the Family Service Worker, posted or by logging in to [hhs.Texas.gov](https://hhs.texas.gov).

23. Instructions on how to contact the local licensing office, PRS child abuse hotline, and PRS website.

During enrollment/orientation, parents are provided (verbally and in writing), the following information:

- Parents who wish to contact the local licensing office can call 794-6330 or (210) 337-3399

- Protective and regulatory services child abuse hotline number is 1-800-252-5400
- Protective and Regulatory Website: <https://www.txabusehotline.org/>

24. **Emergency Preparedness Plan Requirements**

- Fire drills are practiced monthly at all Centers at different times
- Severe Weather is practiced every 3 months; children are taken to a designated safe area known by all employees, caregivers, and volunteers.
- Each center has a designated relocation site that is equipped with telephone and bathrooms and is practiced twice a year.
- Each parent will be given an Emergency Relocation form to be signed and kept in child's folder.
- During Evacuation Fire Drills, children will walk to the established relocation site.
- Area Service Manager will designate each staff responsibilities during the practice.
- Designated person will call 911
- Teacher / Teacher Assistant and supportive staff are designated to evacuate children and to carry: Consent for child Emergency Medical/Dental Treatment Transportation by Parent or Guardian form, Parent's Sign in and out, Emergency list (parents' information for children), First aid kit, and Children's medication (if any).

25. **Breast Feeding Policy**

Parents have the right to breastfeed their child while in the center and or provide breast milk for their child while in care. Each center has designated an office (Family Service Worker or Area Service Manager) for use for breast feeding should the need arise. The room is comfortable with a comfortable chair where parents can breast feed their child.

26. **Preventing and responding to abuse and neglect of children, including:**

- During the local pre-service "annual training hours" in August, all staff will be provided with a very intensive training on identification, recognition and reporting of Child Abuse and Neglect. Since the Webb County Program maintains cooperative relationships with the Community Agencies throughout Laredo, training is provided by one of these agencies. The training will be for a minimum of one hour.
- All Head Start parents and volunteers will be provided with training during the month of October. Training will consist of:
 - Identification, recognition and reporting procedures of Child Abuse and Neglect.
 - State and local laws in reference to Child Abuse and Neglect.
 - Programs confidentiality policy to include Child Abuse and Neglect.
 - Community medical and social agencies providing assistance for families with Child Abuse and Neglect problems.
 - Orientation as per Licensing Minimum Standards, and program policies. This is done on a one to one basis by the Area Service Manager. Orientation can also be given in small groups.
- During the program year on-going trainings is provided to staff and parents with new information, or changes in reference to Child Abuse and Neglect. A Licensed Professional Counselor will provide monthly trainings to parents that will include prevention techniques for child abuse and neglect. In addition, counselors will provide assistance and training related to proper discipline techniques.
- Establishing and maintaining cooperative relationships with the agencies providing child protective services in the community and with any other agencies to which Child Abuse and Neglect must be reported under state law, including regular, formal, and informal communication with staff at all levels of the agencies.

The Assistant Director has established cooperative relationships with the following agencies:

1. Department of Human Services, Child Protective Services Department.

2. Department of Human Services, Licensing and Regulatory Services Department.

- A community resource list of medical and social service agencies that provide services for families with abuse and neglect problems is available in each classroom. Training has been provided for staff and parents on these agencies and their services. A copy of the medical and social service resource list has been provided for each teacher which is posted in the classroom. Parents are provided with a copy for this information.

27. Procedures for Conducting health checks, if applicable.

Head Start mandates that no later than 90 calendar days from the child's entry into the program we must obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.

Ongoing care: In addition to assuring children's participation in a schedule of well child care, as described in Sec. 1304.20(a) of Head Start Performance Standards, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

28. Vaccine-Preventable Diseases for Employees.

All employees of the Webb County Head Start/Early Head Start Program will be given a copy of the Recommended Adult Immunization Schedule provided from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Employees shall determine if they choose to acquire a vaccine(s).

Employees will be required by the program to obtain the flu vaccination during the flu season, and a "non-vaccine" tuberculin test upon hired for employment and every nine years thereafter.

If an employee is exhibiting symptoms such as: A runny nose, cough, skin rash, watery eyes, and/or a temperature of 100° or higher he/she must protect children from exposure to a possible disease by using protective medical equipment, including gloves and masks, based on the level of risk the employee presents to children by the employee's routine and direct exposure to children.

The Webb County Head Start Program will not take any retaliatory actions against an exempt employee, except that required use of protective medical equipment, including gloves and masks, may not be considered retaliatory action for purposes of this section. The following exemptions are:

- **Medical Exemptions**—are determined by a Physician. When an employee is allergic to some vaccine components or has an immune deficiency, such as occurs when being treated for cancer, HIV, etc.
- **Religious Exemptions**—are allowed when immunizations contradict the person's sincere religious beliefs.
- **Philosophical Exemptions**—refers to other non-religious beliefs held by a person who does not believe in being immunized. Texas is one of the 19 states that allow this exemption.

29. Food Allergy and Anaphylaxis Emergency Care Plan

- During the application process, if the parent identifies a concern on a food allergy, the Family Service Worker will provide the parent with a copy of the Food Allergy & Anaphylaxis Emergency Care Plan. The parent will be required to bring this form filled out by the child's physician prior to the first day of school.
- The Food Allergy Plan(s) will be placed in a covered folder, in order to comply with Head Start confidential privacy regulations. The folder will be placed in the child's classroom, on the Health "Bulletin" Corner. The plan(s) will also be placed where food preparation takes place (kitchen), and in the child's file.
- **Protection for the Privacy of Child Records-** Disclosures with, and without parental consent: **WITH CONSENT:** The procedure to protect Personally Identifiable Information (PII) must ensure the parent's written consent that specifies what child records may be disclosed, explains why the records will be disclosed, and identifies the party or class of parties to whom the records may be disclosed. The written consent must be signed and dated by the parent. **WITHOUT CONSENT:** The procedure to protect Personally Identifiable Information (PII) must allow the program to disclose such PII from child records without parental consent to appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as a serious food allergy, if the program determines that disclosing the PII from child records is necessary to protect the health and safety of children or other persons.
- If an Epinephrine injection (EPIPEN) or any medication is recommended by the Physician...the Head Start Program will follow the procedures already in place. The medication or EPIPEN will be kept under lock and key away from children's reach. The Head Start Licensed Vocational Nurse will monitor that this procedure is followed.

30. General Modifications to Accommodate Children with Special Needs

- Plan together. Parents, consultants, Educational Content Area and caregivers need to set goals together in the Individualized Education Plan (IEP). Goals should correlate with the curriculum and should match the abilities of the child.
- Modify toys, activities and equipment. Refer to §746.2202
- Make modifications in the childcare environment.
Resources: National Center for Learning Disabilities (2010)

Procedure for parents to visit the child-care center at any time during the child-care center's hours of operation to observe their child, the child-care center's operation, and program activities, without having to secure prior approval.

- (1) The Program has an open door policy for parents, and they are informed of this policy during enrollment/orientation. Parents can visit the center at any time during the hours of operation without prior approval.
- (2) Gang Free Zone
- Information about the Gang Free Zone is distributed to all parents/guardians of children. A Gang Free Zone is an area around the school which covers 1,000 feet in all directions. If any gang related criminal activity would occur within this designated area, it will be considering a violation of this law. The Goal Gang –Free Zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

31. U.S. Consumer Product Safety Commission

There is a designated person that has the responsibility to receive and check all recalls that are called by the U.S Consumer Product Safety Commission. The assigned person will ensure that materials or equipment are not accessible to the children in the program.

32. ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY)

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information line.

33. Privacy Statement

DFPS values your privacy. For more information, read the DFPS Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>. Privacy Statement