



CHILDREN'S DISCOVERY CENTER AT CHRIST UNITED

3101 Coit Road
Plano, TX 75075
(972) 596-4812
www.cumc.com/cdc

PARENT HANDBOOK

Denise Stavely, Director
Leslie Mousa, Assistant Director

Office Hours

Monday - Friday
8:30 AM – 2:30 PM

School Hours

Monday - Friday
9:00 AM – 2:00 PM

Stay and Play

2:00 PM - 5:00 PM

Months

August-May

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All About Us

Mission Statement

Children's Discovery Center at Christ United provides a Christian environment where children can learn and play while growing physically, intellectually, emotionally, socially, and spiritually.

Philosophy

As a ministry of Christ United, CDC believes that each child is a child of God and should have every opportunity to develop physically, intellectually, emotionally, socially, and spiritually to his/her fullest potential. Our program provides learning experiences through hands-on activities with small groups of children of the same age. Emphasis is placed on the needs of the individual child to develop self-confidence and independence in successful learning opportunities. As we plan to meet the educational needs of the young children of our school, specific kinds of learning experiences will be provided to reflect an awareness and sensitivity to their learning style. Research has shown that the first five years are critical to a child's brain development. At CDC we make learning fun. Our goal for each child is to develop a healthy, positive feeling about himself/herself and develop a love for becoming a life-long learner.

Curriculum and Class Offerings

CDC follows faith and play-based learning curriculum, which is widely regarded as a forward-thinking, comprehensive, rigorously researched approach that honors creativity and makes learning exciting and relevant for every child. Therefore, children have a great experience and receive an education without even realizing it. We use hands-on, age-appropriate activities with small groups of children the same age to give them the skills, knowledge, and critical thinking foundation they need for life and school.

Infant Program

Our infants begin as one year old as of September 1st of the current school year. Our Infant class is made up of 8 children and 2 teachers. Children are 12-16 months. Parents can choose up to 5 days for their child to attend.

In the infant class, parents can choose Monday through Friday, Monday/Wednesday/Friday or Tuesday/Thursday from 9:00 AM - 2:00 PM for their child to attend. Our infants class is for children 12-16 months as of September 1st and is made up of 8 students and 2 teachers and an aide. Our Infant program emphasizes:

- building a nurturing and loving relationship with caregivers
- gaining a sense of independence
- separation from parents realizing the parent will come back
- socialization – parallel play, taking turns, etc.
- gross motor skills – walking, running, crawling
- sensory development – through songs and fingerplays
- learning about God's love

In the older one-year-old class, students are 16-23 months of age by September 1st of the current school year. parents can choose Monday-Friday, Monday/Wednesday/Friday or Tuesday/Thursday from 9:00 AM - 2:00 PM for their child to attend. Our one;s class is for children 17 - 23 months as of September 1st and is made up of 10 children and 2 teachers. Our one-year-old programs emphasize:

- building a nurturing and loving relationship with caregivers
- gaining a sense of independence
- separation from parents realizing the parent will come back

- socialization – parallel play, taking turns, etc.
- gross motor skills – walking, running, hopping
- language development & vocabulary – through songs and fingerplays
- learning about God's love

If your older one-year-old begins the potty training process in our second semester, we are happy to assist them as long as the following are in place:

- The teachers are available to take the student to the bathroom without being out of ratio.
- The student is able to verbalize that they need to use the bathroom and is able to “hold” it long enough to make it to the bathroom.
- The student has been accident-free for at least 3 weeks.

Two-year-olds (by September 1 of the current school year) can attend up to 5 days: Monday - Friday, Monday/Wednesday/Friday or Tuesday/Thursday. Classes include 12 children and 2 teachers. Our two-year-old program emphasizes:

- socialization – sharing, taking turns etc.
- gaining a greater sense of independence
- increasing language usage & vocabulary
- recognizing their name in print
- introducing the alphabet
- counting skills
- shapes and colors
- group games
- fine motor manipulative activities
- learning about God's love

Pre-Kindergarten and Transitional Kindergarten Programs

Pre-Kindergarten classes for three-year-olds (by September 1 of the school year) are offered Monday - Friday, Monday/Wednesday/Friday or Tuesday/Thursday. Class ratios are 14 children to 2 teachers. Our Pre-K Threes Program emphasizes:

- gaining a sense of independence, responsibility and self-reliance
- cooperation and respect for others
- using words to express feelings rather than actions
- listening and following directions
- communicating needs
- fine motor activities such as cutting and holding a pencil correctly
- introducing the alphabet and beginning sounds
- increasing language usage and vocabulary
- recognize and print their name
- understanding beginning math concepts such as recognizing numbers, one-to-one correspondence, sorting and classifying
- learning about God's love

Pre-Kindergarten classes for four-year-olds (by September 1 of the school year) are offered Monday-Friday, Monday/Wednesday/Friday or Monday-Thursday. Class ratios are 14 students to 2 teachers. Our pre-k fours and transitional kindergarten programs emphasize:

- gaining a sense of independence, responsibility, and self-reliance
- cooperation and respect for others
- learning about school protocol – waiting their turn, walking in a line, routine, etc.
- participation in group activities
- listening and following directions/classroom rules
- pre-reading skills – letters & sounds, beginning and ending sounds, rhyming words, recognizing and reading environmental print, etc.
- reading readiness – print carries a message, print runs from top to bottom, left to right, etc.
- writing letters and numbers

- beginning math, science and history lessons
- learning about God's love

Enrichment Activities

Music and Movement - A music and body rhythmic program will be part of the schedule for all age groups. This program is designed to give the children the opportunity to experience music through song and musical instruments. The children also spend a large part of this time engaged in activities that promote large muscle development. The children should wear tennis shoes (no boots or sandals) and comfortable clothes for moving on the floor.

Chapel – Our Two's, Threes, Fours, and Transitional Kindergarten children will attend Chapel once a week where they will hear and learn about God's love.

State Licensing

CDC is licensed by the Texas Department of Family and Protective Services. As such, it meets and follows the regulations established by the state of Texas for early childhood settings. The Minimum Standards for Child-Care Centers are available in the Children's Discovery Center office along with a copy of CDC's most recent Licensing Inspection Report. If any incident involving your child occurs that requires the Director to self-report to the current state licensing representative and the in-take hotline, the current state licensing has the legal authority to interview your child without your consent. The Director will contact the parents to inform them of the incident and remind parents that the state licensing representative or a member from the State in-take line will contact them and possibly interview your child.

Parents may contact the local licensing office at:

TDFPS Office

550 E. 15th Street, Suite 120 Plano, TX 75074

1-800-582-6036 Ext. 6901

https://www.dfps.texas.gov/Child_Care/

Board

CDC is a mission of CUMC and as such is governed by a Board composed of the following:

- CDC Director
- CUMC Executive Director
- Elected Parents and Staff

The CDC Board meets regularly to review and evaluate programming and policies and to strategically vision for the future of the program. It serves in an advisory fashion to the Director and does not handle confidential matters involving CDC families or personnel.

Our Staff

The staff of CDC is a very special group of teachers supported in their ministry to children and to families by the CUMC staff and congregation. Our staff is trained and experienced in working with young children and understands the importance of early experiences. They are expected to exhibit a quality of tenderness in dealing with each child and be able and willing to communicate their love for God and reverence for life.

All staff members are required to complete a minimum of 24 hours of training every year in the areas of child growth and development, guidance and discipline, age-appropriate curriculum, and teacher-child interactions. In addition, they must be certified in pediatric first aid and CPR.

All staff members undergo a criminal history background check as well as an FBI fingerprint check.

School Calendar

The CDC school year is from late August until May and closely follows the PISD school calendar. A complete school calendar will be issued at parent orientation and can also be found at www.cumc.com/cdc.

School Closings

CDC will observe the same emergency school closings as the Plano ISD due to inclement weather or other regional emergencies. CDC does not make up incremental weather days. *If Plano ISD elects to begin school late due to severe weather and driving conditions, CDC will remain closed for the entire school day. If Plano ISD announces an early release due to severe weather, CDC will remain open until our regular dismissal time of 2 PM.* **CDC is unable to offer refunds or make-up days for school closings for any inclement weather, power outages, loss of water, natural disasters, or other unexpected emergencies.**

PISD closings are announced on www.pisd.edu, local network TV stations (ABC, NBC, CBS) and radio stations including KRLD and KVIL beginning at 6:00 AM. Please keep informed through the media in the event of bad weather.

Administrative Policies and Procedures

Enrollment

CDC does not discriminate in enrollment based on race, color, or national origin.

Children currently enrolled in CDC are guaranteed a place for the next year as long as the student's account is in good standing, the enrollment form is complete, and turned-in with the non-refundable/non-transferable registration fee by the registration deadline; however, we cannot guarantee first choice of days. The following priorities will be used to fill classes:

1. children of CUMC staff members
2. children of CUMC members currently enrolled in CDC
3. children of non-CUMC members currently enrolled in CDC
4. siblings of CUMC members currently enrolled in CDC
5. children of CUMC members not currently enrolled in CDC and siblings of non-CUMC members currently enrolled in CDC
6. community

Once classes are filled, a child's name will be placed on a waiting list. As vacancies occur during the year, they are filled from the waiting list. Waiting lists are only good for one school year and are not carried over to the next school year.

Class Placement

Children are placed in classes according to date of birth. Children are not moved into another room when they have a birthday. The group "ages" together through the school year. Children are assigned to new classes each school year. Parents of a child with special needs should discuss these needs with the Director at the time of enrollment to ensure the success of the placement of the child.

Forms

To comply with the licensing requirements of the Texas Department of Family & Protective Services, the following forms must be on file in the CDC office within one week of the first day your child attends school:

- Enrollment Form
- Health Form signed by physician **OR** Statement of Health from a physician
- An Action Plan signed by a physician for all Special Health Needs (food allergies)
- Current immunization records (please see the State of Texas Vaccine Requirements attached)
 - Students may not attend school without current immunizations or a valid affidavit. This is a State Licensing requirement.
- Student Information Form and Enrollment Agreement
- An Emergency Contact is required
- Discipline and Guidance Policy Acknowledgement
- Waiver and Release form (CDC Policy)

Students will be unable to begin school until all required immunizations are completed and the office has a copy of the updated immunization records.

Deferred Immunizations

An affidavit or certificate is required and must be signed by a licensed physician stating the required immunizations are delayed. The immunizations must be checked on the affidavit. Medical contraindications have a two-year limit from the notarized date unless the physician specifies a lifetime condition. The affidavit must be in the student's file before the first day of school. Students will not be allowed to attend without a current affidavit. This is a State Licensing requirement.

Religious Exemption – A notarized affidavit signed by a parent or guardian stating religious conflicts or reasons of conscience is required.

Emergency Numbers

Parents are responsible for keeping current emergency numbers on file at school. This includes home address and home, work, and cell numbers for both parents or guardians. Forms for updating emergency contacts are in the CDC office. In the event of an emergency, parents or guardians will be contacted immediately. Notify the CDC office immediately of a change of address, phone, and email address or any other changes that should be made in your child's records.

Vision and Hearing Screening

The State of Texas requires that all children four years and older on September 1 of the current school year must be screened for possible vision and hearing problems within 120 days of admission. This screening must be completed by a licensed professional.

Confidentiality of Records

Children's records are open only to the child's teachers, the Director, an authorized employee of the licensing agency, and the child's parent or legal guardian.

Registration and Supply Fees

For a child to be enrolled in CDC, a non-refundable/non-transferable registration fee must accompany the completed registration form. Registration fees cover major equipment purchases and administrative costs. As a non-profit, monthly tuition is used to meet staff salaries and ongoing fixed expenses for program operations.

A supply fee will be charged the first week in September. It is used to cover the initial purchase of supplies for the year.

Tuition

CDC is a non-profit organization. Tuition is figured as an annual fee and is based on one school year's budget requirements, which includes building usage, salaries, and supplies.

Annual tuition is divided evenly into nine installments with the first payment due September 1. Additional payments will be due in the CDC office on the first of the month through May. Tuition checks should be made payable to **"CUMC"** and be brought to the office or mailed to Children's Discovery Center, 3101 Coit Road, Plano, TX 75075. Families can choose to enroll in auto-draft to automatically pay tuition from a personal banking account on the 1st of each month. Please review the information regarding convenience fees.

Automatic Monthly Payment/Convenience Fees

Parents can pay all tuition fees via a credit card or bank draft. There is a \$2.50 convenience fee for each bank draft transaction and a 3% convenience fee for each credit card transaction. If you'd like to enroll in the automatic payment service, there's a form that you can fill out and sign.

Additional Fees

A \$20.00 per child late fee will be assessed automatically if a tuition payment has not been received by the 5th of the month. To avoid the late fee, payment is due on the last day school is in session before the 5th. Additional fees will be assessed every 5 days after the 5th if tuition remains unpaid. If there is a reason you cannot pay your child's tuition by the 5th, please contact the director. If a family's account is not current on the last day of the month, the family will have a 10-day grace period to make payment arrangements with the director, or to withdraw from the program.

A \$30.00 returned check fee will be charged for all returned checks. If you have two (2) checks returned, you will be required to pay by cash or money order.

There will be a late charge of \$5.00 up to the first five minutes past dismissal time, and \$2.00 for each additional minute a parent is late after the first five minutes.

Refunds/Make-up Days

No refunds will be made for days missed or if the school is closed due to illness or unforeseen circumstances such as bad weather, pandemic or building maintenance problems.

Withdrawal

If it becomes necessary to withdraw a child during the school year, the Director of the program must be informed in writing at least two weeks before the date of withdrawal. A final tuition statement will be prepared at the time of notice. If it becomes necessary to withdraw your child after August 15, and the first month's tuition has been paid, fifty percent (50%) of tuition will be refunded.

Health and Safety

Illness Policy

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| <p>A child will not be allowed to attend class and parents will be called and asked to come get their child if any of the following conditions are present:</p> | <p>Guidelines for returning a child to school:</p> |
| <p>I. If a child has a temperature of 100.1 F.</p> | <p>I. A child must be free from fever for 24-48 HOURS without any fever reducing medication. The length of time a student must stay home will be contingent on if the student exhibits other symptoms of illness. The Director or Assistant Director will inform parents how many days the student will</p> |

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| | need to remain home. |
| II. Has a rash of unknown origin. | II. Child must have a release from a doctor, or the rash must be gone. |
| III. Has one or more of the following: | |
| A. Chicken Pox - slight fever; fine blisters on scalp, body or face. | A. 48 hours and sores dry up or crust; no new blisters appear. |
| B. Pink Eye - Red eyes; discharge from eyes; crusted eyelids. | B. 24 hours after medication has been administered and redness or discharge disappears. |
| C. Streptococcal Infection - Fever; sore throat. | C. 48 hours after antibiotic treatment is begun. |
| D. Diarrhea - Two or more watery bowel movements. | D. Symptoms are gone for 48 hours . |
| E. Vomiting | E. Symptoms are gone for 48 hours . |
| F. Impetigo - Small blisters that become crusted and contain pus. | F. 48 hours after medicine is applied and sores are covered. |
| G. Body Lice - Little bugs on body; itchy scalp. | G. After treatment and when no bugs/eggs remain. |
| H. Ring Worm - Itchy, scaly patches on scalp or body. | H. 24 hours after medicine is applied and sores are covered. |
| I. Pin Worms - Itchy rectum; small white, wiggling threads on rectum/stools. | I. The day after treatment is applied and sores are covered. |
| J. Hand, Foot, Mouth Disease | J. The Director will be in contact with parents to discuss a return plan. |
| K. Flu, COVID, and any other infectious diseases | K. Child has been released by the doctor or has met quarantine requirements. |
| IV. The child is under the care of a physician for any other medical conditions or illnesses. | IV. Permission of the Director |
| V. The teacher may send a child home if BEHAVIOR indicates the child does not feel well enough to participate comfortably in the usual activities of the classroom. | |

Please notify the school when your child is sick. Families will be notified by the Director when there is a contagious disease reported in their child's class.

Health Check

A health check is a visual or physical assessment of a student to identify potential concerns about a student's health, including signs or symptoms of illness and injury, in response to changes in the student's behavior since the last date of attendance. This health check will be performed by an administrative staff member if the student appears to be ill. Parents will be contacted if the student should need to be picked up at the preschool.

Tuberculin Testing Requirements

Documentation of a TB screening of children is not required.

Employee Immunization and Health Requirements

Children's Discovery Center at Christ United encourages all staff and teachers to get annual flu shots. CDC also encourages HepA, COVID and Pertussis immunizations.

To protect children from exposure to disease, all employees, including those claiming exemption, must follow Children's Discovery Center at Christ United's policies and procedures for hand washing, diapering and toileting, as well as the illness policy and must be excluded from direct care when showing signs of illness. If an employee doesn't present the required information, they will be given a specific, reasonable time frame to comply. Failure to comply by the specified date is grounds for termination.

Medication

CDC will provide specialized medical assistance as recommended or ordered by a health-care professional. Medication will be administered if failure to medicate might result in the onset of a life-threatening reaction and that time could be a critical factor. This must be approved by the Director. Medication must be in the original container labeled with the child's full name and date. Medication may not be placed in a child's tote bag, lunch, or juice. Expired medications will not be accepted. If medication expires during the school year, parents will be asked to bring in replacements. Teachers are not allowed to dispense medication unless it is an emergency. An Administrator will dispense any medication with a witness and will record the child's name, medication, dose and date and time.

Medical Emergencies

If a child receives an injury at school, an accident/incident report is completed, noting the type of injury received, first aid procedures administered, and the name of the person who administered the aid. Severe injuries will be treated by Emergency Medical Technicians through the local authorities. Anytime an injury that occurs at school requires medical treatment, the CDC will submit a self-report to the Texas Department of Family and Protective Services. The CDC is not responsible for costs incurred because of medical and/or dental emergencies.

Arrival and Departure of Children

The Children's Ministries Department of CUMC and CDC provide wonderful opportunities for your children in a loving and safe environment. We take our responsibility for the safety of your children very seriously when they are in our care, just as we know you do when you are dropping off and picking up your children from various activities they are involved in at CUMC and CDC. We ask you, as parents, help us in ensuring the safety of our children by adhering to the following:

- avoid taking or making phone calls while dropping and picking up your children
- assist your child(ren) while walking up/down the stairs
- always ride the elevator with your child(ren)
- accompany your child(ren) when exiting the building and crossing the parking lot
- never leave your child unattended in a car for any reason
- remind your child(ren) the church is a holy place and should be treated with reverence and respect

Arrival - Teachers will be in the classrooms and ready to receive children by 8:55 AM. Parents and children will be greeted at the door until 9:15 AM. We ask that parents say their quick good-byes at the classroom door. Children are not allowed to walk into the building alone. The state of Texas requires all children be

signed in and out each day by a parent or another designated adult. For the safety of our children, parents are not allowed to enter their child's classroom.

Tardiness - Teachers begin their school day promptly in order to maximize the instructional time. When a child arrives late, it disrupts his/her learning and the learning of others. Parents are asked to bring their child to the CDC office if they arrive after 9:15 AM. The child must be signed in by an adult indicating time of arrival. One of the administrative staff will take the child to the classroom and help them get settled into the ongoing activity or circle.

Dismissal – Our main doors will unlock at 1:55 p.m. This is for the safety of our students. We want to ensure all students are in their classrooms before dismissal. Please wait outside the classroom for the teacher to dismiss your child at the end of the school day. If you plan to pick your child up early, please let the teachers know so they can have everything ready. Upon your arrival to pick up your child early, please come to the office. For the safety of our children, parents are not allowed to enter their child's classroom.

Dismissal to Another Person

In accordance with state law, we must have on file the names of the persons to whom your child may be released when you are not able to pick them up from CDC. Please inform the teachers in writing when there is a change in your pick-up schedule. A child will not be released to any person other than the child's parents or legal guardians and those listed on the form on file. An administrative staff member will ask to verify the alternate person's photo ID.

We must have a note if your child will be going home with a friend. If a child is to be released to a person not known to the staff, the parent must provide in writing the person's name and driver license number or DPS identification number. This information will be recorded at the time of pick up and kept confidential.

Parking

Please remember to drive safely in and out of the parking lot. Do not exceed 5 MPH. Please do not park in the circle area/drop-off zone. Remove all valuables from your car and always lock your doors.

Cross the parking lot with your child cautiously. Please keep carpools small enough to control the children coming to and from the building. The parking lot can be very dangerous if special care while walking and driving is not observed. All safety precautions must be taken.

Backing out of the parking spaces can be difficult. The safety of your children is at stake. Please take extra care and be courteous to every driver.

Students with Special Care Needs

Children's Discovery Center is considered a place of accommodation and complies with Title III of the ADA. Should a student require special attention beyond the ability of the classroom teachers, it is the responsibility of the parents to:

- Document concerns the child with special needs may have and present it to the childcare center. This documentation must come from the child's doctors, therapist, or other professional that is working with the child. It must include a statement that Children's Discovery Center would be an appropriate and safe placement for the child as long as the required care does not fundamentally alter the childcare program. Childcare centers that are accepting new children are not required to accept children who would pose a *direct threat* or whose presence or necessary care would *fundamentally alter* the nature of the childcare program.
- Provide any special training needed by the classroom teachers to help them understand and work with the child and include an individualized care plan that meets the unique needs of the child.
- Provide any therapy or specialized training the child may require to the classroom teachers and administrators.

We strive to provide a safe and inclusive environment for all children, including those with special needs. Our goal is to ensure that every child, regardless of their abilities, has the opportunity to thrive and reach their full potential in a supportive and nurturing environment. An attachment is included at the end of the handbook.

Allergies

Parents must notify the school office and the classroom teachers of all food and environmental allergies. If special provisions must be made to accommodate a child's allergy, parents will need to provide a Plan of Action from the child's doctor. The Plan of Action must describe the nature of the potential reaction and the necessary emergency response. The Plan of Action must also be signed by the parent and doctor. Emergency plans for these children will be put in place. Parents will be notified if there's a student with a special health need/allergy.

Peanut/Tree Nut Policy

Many children today have life-threatening peanut and tree nut allergies. These children may not eat or touch anything containing peanuts or tree nuts. They are at high risk for an immediate life-threatening anaphylactic reaction if exposure occurs.

CDC is not a peanut-free environment. However, any classroom with a child having a peanut/tree nut allergy will be considered a peanut/tree nut-free classroom during CDC hours. Children in nut-free classrooms will not be allowed to bring any item containing any peanut/tree nut products, including peanut and nut butter, oils, extracts, flours, or items that may have been produced in a facility that processes products with peanuts or tree nuts. Here are some ideas of foods allowed in a nut-free classroom: fresh fruits, cheese, vegetables, raisins and other dried fruit, pudding cups, applesauce, fruit snacks, and lunch meat.

Snacks

Parents will send a daily snack. Please review the approved snack list. Parents are asked to provide breakfast for their children before bringing them to school.

Lunch/Drinks

Lunch and a drink are provided by the parents. We do not serve juice boxes or other beverages during snack or lunch. We ask that you only send water.

Milk will be provided for our Young Infant room (ages 12-16 months). We do have a bottle warmer in our Young Infant classroom.

Our Older Ones will bring a sippy cup. We do not offer milk or warm bottles for our Older Ones class (17-23 months). You may send milk in a sippy cup and we'll place it in the class refrigerator.

We are unable to heat/warm up any food or drinks for your child. Children in one-year-old classes eat lunch in highchairs. We recommend that each child's lunch include at least one serving of each of the following major food groups:

1. Milk: milk, cheese, yogurt
2. vegetable/fruit: ¼ cup of each
3. protein: meat, eggs, beans
4. grain: enriched bread, whole grain crackers

Breastfeeding

The CDC supports breastfeeding by providing a comfortable place for breastfeeding mothers. For more information, please contact the CDC office.

Rest Time

Licensing requires children ages 12 months to 3 years old to have a short rest time after lunch. Children are expected to rest quietly so as not to disturb others. Our infant's class rests in cribs and are allowed a blanket, pacifier and a lovey if they are 12 months or older. Children who are 8-11 months may not have a blanket in their cribs during nap time. An infant may rest in a crib for no more than 30 minutes, as long as the child is content and responsive. Please see the attached Sleep Safe Policy for infants.

Our ones, twos and three-year-old classes will nap on a nap mat and may bring a special toy, blanket, or pacifier to comfort him/her at rest time. Parents will provide a rest mat or towel for their child to use at rest time.

Field Trips

Off-site field trips may be planned for the Transitional Kindergarten classes, and we will require the child's parent's written authorization in order to participate. Parents will be asked to transport their child to and from the designated field trip destination.

The school will notify the parents of each child who will be on the field trip, indicating when and where the child will be going and when the child is expected to return to the child-care center. The notice must be posted at least 48 hours in advance of a field trip. The school will post the field trip notice in a prominent place where parents and others may view it. The notice will remain posted until all children on the field trip have returned to CDC.

One or more teachers or staff members will carry emergency medical consent forms and emergency contact information for each child on the field trip. Teachers will have a written list of all children on the field trip and must check the list frequently to account for the presence of all children. Teachers must have a first-aid kit immediately available on field trips. Each child must wear a nametag listing the name and telephone number of the school. Each teacher and staff member must be easily identified wearing a CDC T-shirt. Each caregiver supervising children in a field trip will have a cell phone for emergencies.

All teachers supervising the field trip will have current training in pediatric CPR and first aid.

All parents/guardians must sign a release on the Admission form granting permission for their student to participate in activities that are held outside the preschool premises. This includes areas of the church campus including the church sanctuary, Underwood Hall, church hallways, the narthex, atriums, outdoor sidewalks and the annual pumpkin patch, if applicable.

Playground Guidelines

General Guidelines

Two staff members must be on the playground with each class. Gates must be locked at all times. The teacher needs to stay by the gate until all the children are in and then lock the gate behind themselves.

The Sidewalk

Wheel toys for riding are restricted to the sidewalk. To assure free movements for this large muscle activity, other activities should not take place on the sidewalk while wheel toys are in use. If other

things are to be planned there, the wheeled vehicles should either be put away or rest near the storage shed. No running on the sidewalks.

Trikes & Riding Toys

Encourage safe and friendly riding habits:

- one child per trike
- no bumping other trikes
- no standing
- must stay on sidewalk

The Sandbox

Sand play provides children with opportunities for many good experiences. Digging, building, weighing, measuring, and sifting may be a solitary activity, carried out alongside another child, or be done with a small group. Children should be guided in the use of the sand and equipment with the following precautions:

- sand and sand equipment are not for throwing
- sand stays in the sandbox and is not transported to other areas of the playground; teachers are requested to help the child put the sand back in the box
- the equipment placed in the sandbox should be confined to this area, and teachers should check to see that these pieces are returned to the storage shed when the last group leaves the playground

Slides

No standing is allowed on the slide. No toys, piles of rocks, or shovels are allowed on the slide

Outdoor Hollow Blocks

Blocks need to stay in a designated open area away from other equipment. Long pieces should be carried by two children, if possible.

Fence

Do not climb on the fence. Do not swing on gates.

Storage Shed

The storage shed is not a playhouse, and children should not be allowed inside. The adults in the last class on the playground need to take responsibility for putting the equipment in the shed.

Outdoor and Rainy Day Play

Outdoor time is an integral part of the day at CDC. The state of Texas requires all children 2 years old to 4 years old to participate in moderate to vigorous activity for 60 minutes outside, weather permitting. Transitional Kindergarten children will be provided 90 minutes of moderate to vigorous activity each day. Children not well enough to go outdoors are probably not well enough to be in school. Children should dress appropriately for the weather. Please label all coats, hats, and mittens.

On days when children cannot go outside due to the weather, opportunities for large motor activities and/or walks within the building will be provided in our upstairs play area.

Water activities may be available on the playground when the weather permits for our ones - TK students. This may include the use of water tables and water hoses. Water balloons and swimming pools are not permitted. Parents will be notified if special clothing or extra clothes are needed for water play. Water play activities will be based on the age of the students.

Extreme Weather Conditions

The CDC will have teachers escort their students to the indoor play area when the weather conditions are as follows:

- Temperatures are 39 degrees or lower or 100 degrees or higher.
- Severe weather alerts have been issued for a tornado or severe thunderstorms.
- Heavy rain fall, thunder or sights of lightning.

If the air quality is defined by the EPA's AirNow site as "unhealthy" and is above the AQI of 151, outside time will be shortened.

Toilet Training

The CDC staff is here to help your child become toilet trained, but it is important to remember that both teachers are needed in the classroom to safely facilitate and supervise the learning activities of all children.

A child is considered completely toilet trained (urination and bowel movements) when he/she...

- is able to anticipate the urge to use the toilet
- communicates that need to their teachers
- controls the urge and gets to the toilet on time
- pulls down his/her pants
- use the toilet
- pulls up his/her pants
- washes up after him/herself

All children entering three-year-old through Transitional Kindergarten classes must be completely toilet trained with both urination and bowel movements.

3-Year-Old Potty Trainers

Children entering the Pre-K three-year-old class are expected to be fully toilet trained with both urination and bowel movements. Teachers will assist students as needed and a teacher is present by the bathroom door.

Children in the Pre-K three-year-old class who have three or more accidents in a two-week period will be required to wear pull-ups until the child can be accident-free.

2-Year-Old Potty Trainers

Children must be willing to go to the bathroom and try to potty when asked by their teacher. Our 2-year-olds who are in the process of training will be taken to the bathroom by a staff member frequently (every 1 to 1 1/2 hours).

Children must wear pull-ups or protective pants until they have been consistent at school for two weeks with no accidents.

Once a child is potty trained and wearing underwear to school, if they have an accident, they will be changed and put back in underwear. If they have a second accident that same day, they will be changed and put in pull-ups.

After two accidents in a two-week period, parents will be contacted by the Director to discuss their child's toilet training process and may be asked to put their child back in protective pants.

If a student is administered a laxative due to health issues, parents are obligated to inform the Director and the student's teachers. The student should be monitored closely at home and wear appropriate underpants to keep the classroom and other students safe from contamination.

Preventing and Responding to Suspected Child Abuse

As childcare professionals, the staff members of CDC are required by law to report any suspected abuse or neglect of a child to the Texas Department of Family & Protective Services and to a law enforcement agency. The teacher or staff member who suspects abuse or neglect may not delegate the reporting to another staff member, including the Director. Failure to report suspected physical or mental abuse or neglect of a child is a crime punishable by fine and/or imprisonment. There is a 48-hour reporting requirement for professionals. Our staff is required to obtain at least 1 hour of training in prevention, recognition and reporting

of child abuse and neglect each year. Immunity from civil or criminal liability is guaranteed if the report is made in good faith and without malice. Reports of child abuse or neglect are confidential.

A copy of CDC's Child Abuse Policy, which outlines ways to prevent, recognize and report child abuse and neglect, is available for parents in the CDC office. For more information or to make a confidential report call: 1-800-252-5400 or go to <http://www.txabusehotline.org/Login/Default.aspx>

Emergency Procedures

In an emergency, CDC's first responsibility is the safety of the children. They will be moved to a designated safe area where CDC staff members will supervise them until parents can be notified.

To assure that CDC is a safe place for all children, we have adopted the following policies & procedures:

- Staff members are responsible for the children in their care at all times.
- Security doors will remain locked during the school day from 9:15 AM - 1:45 PM. Anyone who arrives during this time must use the intercom and enter through the doors closest to the CDC office.
- Each classroom is equipped with a battery-operated flashlight. An attendance list is posted close to the door and should be taken by a staff member when evacuating the children.
- An emergency evacuation plan for fire and severe weather is posted in each classroom.
- CDC has a fire drill every month, and a severe weather and lockdown drill every three months. Each drill is documented in the CDC office.
- In the case of emergency evacuations due to a chemical spill, fumes, gas leak, fire etc., CDC will follow the directions of the Plano Fire and/or Police Dept. in the evacuation of the children from the area. Parents will then be contacted. Our emergency evacuation locations are Haggard Library and/or Carpenter Recreation Center.
- A copy of each family's data sheet with emergency contact numbers and class lists are kept in the CDC office in a special file. It is the responsibility of the CDC office staff to take this file in the case of an evacuation. Parents will be notified as soon as possible once all children are evacuated and safe.
- In the event of an assault on CUMC/CDC property, the CDC staff will instigate lock-down procedures until it is safe to remove the children from the building.
- It will be the responsibility of the Director, Assistant Director, and office staff to help supervise the children throughout the evacuation process. The Assistant Director and office staff person will go to the evacuation site with the children. The Director will be responsible for calling for emergency fire or police help, securing the building and making a final check to see that everyone is out of the building. It will be the Director's responsibility to secure the building if necessary.
- In the case of an emergency, the Director of CDC will be responsible for the safety of the children and staff and for contacting the parents. It will be the responsibility of CUMC's Director of Communications or a Ministerial staff representative to talk to the press and to give any public statements.

All children will be transported to the emergency evacuation site in the safest mode possible. CDC will follow the direction of the Plano Police and/or Fire Department. An Emergency Preparedness Manual is located in the CDC office.

Drug Free/Gang Free Zone

CDC is a Drug Free/Gang Free zone. Under the Texas Penal Code, criminal offenses related to organized criminal activity, or the use of illegal drugs are subject to harsher than usual penalties if they occur within 1000 feet of our facility.

Discipline and Guidance Policies

Discipline

Children's Discovery Center follows the discipline and guidance policies of the State of Texas. The discipline used in guiding a child 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

In order to nurture the healthy growth and development of each child, our teachers and caregivers may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- using praise/encouragement of good behavior instead of focusing only upon unacceptable behavior
- reminding a child of behavior expectations daily by using clear, positive statements
- redirecting behavior using positive statements; and
- using brief supervised separation or time from the group, when appropriate for the child's age and development; this is not a punishment, but rather a time when the child may calm down, remember what behavior the teacher is asking for, and decide for him or herself when they are ready to rejoin the group with appropriate behavior
- conflict resolution steps and techniques appropriate for child's age that encourage understanding and expressing feelings

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

- corporal punishment or threats of corporal punishment
- punishment associated with food, naps or toilet training
- pinching, shaking or biting a child
- hitting a child with a hand or instrument
- putting anything in or on a child's mouth
- humiliating, ridiculing, rejecting or yelling at a child
- subjecting a child to harsh, abusive or profane language
- 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

Behavior Concerns

For children with persistent, serious, and/or challenging behavior, teachers, families, and other professionals will meet to develop and implement an individualized plan that supports the child's inclusion and success. The following steps should be taken if a teacher, family member, or administrator notices a behavior of concern:

1. The teacher(s) will document concerning behavior and communicate with the Director and Assistant Director.
2. The Director and Literacy Specialist will observe the child and confer with the teacher about how to address the issues.
3. If necessary, the Director, Literacy Specialist, and/or the teachers will schedule a conference with the child's parents.
4. A written plan will be developed to address and resolve the concerns. It will be developed with the input of the teachers, the Literacy Specialist, if applicable, and the Director. It should include specific goals, recommendations for resolving any concerns, and a timeline for follow-up. A follow-up meeting will take place 2-4 weeks after the behavior plan is in effect. If necessary, the Director will refer the family to outside resources that can aid with the student's needs.
5. If the student's behavior impacts the safety, well-being, and learning environment of the other students in the classroom, the student will be suspended or dismissed from the program. The learning environment is crucial at these preschool-age levels, as the foundation begins to be built for long-life learners.

Suspension and expulsion/dismissal of a student - If it is determined, after thorough evaluation, that the placement of a child would not be in the best interest of the child, the other children in the program, or the staff of CDC, the parents will be informed that the school can no longer accommodate their child. Parents will be given a 2-week notification. It's at the Director's discretion if the student needs to be immediately dismissed from the program. This would be due to a risk to the safety of the student, other students, or staff.

Biting

Biting is a common problem in children 12 – 36 months old. When biting occurs, a child gets hurt, parents get upset, and caregivers often feel shocked and helpless. Biting after age three may indicate other problems.

What We Do

1. Immediately make it clear that the behavior is unacceptable. "No, biting is not OK."
2. Attend to the biting victim, offering comfort and first aid as necessary, trying to involve the biter.
3. Acknowledge the biter's emotions without condoning the actions. "I know you are frustrated, but I can't let you bite your friends. It hurts them." "Teeth are for eating and smiling, not biting."
4. Remove the biter from the group only when a child has lost control and is no longer safe around other children.
5. Document: Who, when, where, and what were they doing? Look for a pattern. Is there a particular victim? Did the biter get a strong reaction?
6. Notify the parents of the biter and victim. We keep the name of the biter confidential.
7. For repeat biters, administrators, teachers, and parents will meet and develop an individualized plan that will require the child to be picked up from school after three occurrences.

Why Children Bite

- lack of communication skills
- frustration
- teething
- sensory exploration
- cause and effect
- attention
- overstimulation
- show of affection – trying to give kisses

Methods of Prevention

- Provide duplicate toys to reduce conflict.
- Stay close to a child known to bite and redirect to a soothing activity.
- Verbalize children's feelings and concerns before they lose control. Children understand language before they learn to use it. Giving words to feelings helps make them bearable.
- Focus on and reinforce positive behavior.
- Move the child out of reach of other children before the bite occurs.

Tending to the Bite

- Wash the wound with soap and water.
- Ice can be applied to reduce bruising.
- Apply a sterile dressing if needed.
- Notify parents.

Bullying

Bullying among children is understood as repeated, negative acts committed by one or more children against another. CDC has a zero-tolerance attitude to bullying. All staff have a responsibility for dealing with this problem.

In the first instance, we will follow the discipline policy and procedure. When behavior is unacceptable and recurring, CDC will work in partnership with the parent and the child concerned to work out a suitable strategy for management including the following:

1. The parent and supervisors will initially discuss the areas of concern and try to discover a possible cause.
2. The parent will be reassured that it is the behavior and not the child that is inappropriate and unacceptable.
3. A plan will be developed between parent and supervisor to work together in the home and at preschool which will be reviewed regularly – timings to be mutually agreed.

Communication with Parents

CDC promotes an open-door policy. Parents should feel free to contact the Director at any time with questions or concerns. In addition, Kim Hill, CUMC Director of Operations is the Director's immediate supervisor and can be contacted at kim@cumc.com or 972-596-4303.

Parents may arrange for a conference with their child's teacher and/or the Director. Parents may call the main office to arrange a meeting, or they may email the Director. For the safety of the children, teachers will not be able to conference at the door upon arrival or departure. Parents may write a note to the teacher or contact the CDC office to let the teachers know that they desire a phone call. Please do not leave important notes, paperwork, and checks in your child's tote bag. These can easily get lost.

Parents will be informed of classroom activities through the ProCare app, email, notes, newsletters, and calendars from each classroom teacher. It is important that you check your child's bag daily and read all notices that are sent home. Information, including any policy changes, from the CDC office will come from the Director via email or a letter.

ProCare App

Parents will be invited to join the Children's Discovery Center. Each parent will be assigned a 4-digit pin to use to sign their student(s) in and out. Each student must be signed in and out on the days they attend school. If an emergency were to occur the director must know the exact number of students in care.

Orientation and Meet the Teacher

Orientation is held for parents before school begins. At orientation, parents will have an opportunity to meet the Director and teachers, to visit their child's classroom, and to ask any questions they might have.

Meet the Teacher will be held before school begins for the children and parents to visit the classroom together. This will give your child the opportunity to meet his/her teachers and the other children in his/her class.

Parent Conferences

One day each spring is set aside for a conference with the teachers and parents. Families and teachers are encouraged to schedule a conference anytime there is a concern about a child's development, behavior, or experiences at preschool.

Parent Involvement-Preschool Family Association

CDC has many opportunities to help organize projects and activities during the school year. It is a great way to be involved in your child's school and a wonderful opportunity to meet other parents. Our Preschool Family Association (PFA) meets on a regular basis to plan events and fundraisers to build the school community.

Fundraisers - CDC sponsors fundraisers during the year. Funds raised are used for special purchases and large equipment. CDC is a non-profit organization, and tuition and registration fees do not always cover these items. If you are interested in getting involved with our school events, please contact the CDC office.

Classroom Visitation - Parents of three-and-four-year-old students and Transitional Kindergarten students are frequently asked to help in the classroom with special projects and holiday celebrations. We have found that students in our 1s and 2s have a difficult time if parents attend celebrations. Students get upset when parents depart.

Parents are welcome to visit the school at any time. During the first month of school, the teachers are busy establishing their classroom routines. We ask that the parents wait until after this initial period of adjustment before visiting the classroom. Each classroom has a different schedule, so please plan with your child's

teacher. Parents that arrive to visit with no prior arrangements will be asked to wait until the Director or Assistant Director are able to locate the classroom.

Classroom Policies

Birthday Celebrations

Birthday celebrations will be simple but meaningful for the child. Your child may want to share special cookies, cupcakes or treats with his/her class on that day. Please check with the teachers to make sure a special snack has not already been planned for that day and to become aware of any special allergies in the classroom. No favors, whole cakes, or candy, please. We highly encourage healthy treats. **Due to allergies, we do not allow homemade birthday treats.**

We ask that party invitations are not brought to school. Class lists, which include addresses, are available in the office, and will be distributed if all parents agree.

Classroom Pets

Fish are allowed in the CDC with the Director's approval.

What to Wear

Please send your child in washable play clothes that may get dirty, as this will allow more freedom for his/her busy morning at school. Sandals and cowboy boots can be dangerous when your child is running and climbing. Please save these items to wear outside of school. We do go outside in cold weather, so please dress your child accordingly. All coats, sweaters, hats, mittens, etc. must be clearly marked with your child's name. The teachers will be working with the children to teach them to put on their coat and shoes by themselves. We hope that you will follow through by encouraging your child to do the same at home.

Tennis shoes/sneakers must be worn by all children and are required when playing outside. It is safer when your child is running and climbing outside, participating in music and movement, and moving around the building from activity to activity with appropriate footwear. Boots, flip-flops, crocs, and sandals are discouraged.

All children should have (2) changes of clothing, including shoes, diapers/underwear and socks placed in a ziplock bag and left in his/her tote bag for emergencies and accidents.

For those children in diapers, please dress them in pants with snaps or outfits that are easy to pull off. A child in training pants will be more successful if he/she is dressed in clothing that can be pulled down without help.

What to Bring to School?

1. School bag big enough to hold artwork – tote bags are preferred for younger age groups
2. Lunch/snack/water bottle
 - The CDC does not offer any meals to students, nor are we able to refrigerate or microwave any food items
3. Light blanket (for crib) for infant classrooms, 12 months or older
4. Nap mat – older ones, twos, and threes
5. 2 sets of changes of clothes – appropriate for the season and labeled with the child's name
6. Diapers for children not yet potty trained
 - Diapers and Pull-Ups should have Velcro tabs.

What Not To Bring To School:

1. toys (unless requested by the teacher for a special activity)

2. weapons, toy or real
3. money
4. medicines
5. sunscreen, lip balm, lotions, vitamins

Children’s Discovery Center-Parent Handbook Attachments:

1. A copy of the current State of Texas Vaccines Requirements is attached.
2. A copy of the State of Texas Sleep Safe Policy is attached.
3. Special Care Needs information is attached.
4. A copy of a Parent’s Rights from the State.

*The Parent Handbook is subject to change.
Families will be notified of any amendments during the school year.*

2024 - 2025 Texas Minimum State Vaccine Requirements for Childcare and Pre-k Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for childcare facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a childcare facility in Texas.

| Age at which child must have vaccines to be in compliance: | Minimum Number of Doses Required of Each Vaccine | | | | | | | |
|--|--|-------------|---------------------------------|--|---|---|----------------------------|-----------------------------------|
| | Diphtheria / Tetanus / Pertussis (DTaP) | Polio | Hepatitis B (HepB) ¹ | Haemophilus influenzae type b (Hib) ² | Pneumococcal conjugate vaccine (PCV) ³ | Measles, Mumps and Rubella (MMR) ^{1,4} | Varicella ^{1,4,5} | Hepatitis A (HepA) ^{1,4} |
| Zero through two months | | | | | | | | |
| By three months | One dose | One dose | One dose | One dose | One dose | | | |
| By five months | Two doses | Two doses | Two doses | Two doses | Two doses | | | |
| By seven months | Three doses | Two doses | Two doses | Two doses | Three doses | | | |
| By 16 months | Three doses | Two doses | Two doses | Three doses | Four doses | One dose | One dose | |
| By 19 months | Four doses | Three doses | Three doses | Three doses | Four doses | One dose | One dose | |
| By 25 months | Four doses | Three doses | Three doses | Three doses | Four doses | One dose | One dose | One dose |
| By 43 months | Four doses | Three doses | Three doses | Three doses | Four doses | One dose | One dose | Two doses |

¹ Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

² A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.

³ If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, an additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.

⁴ For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within four days before the first birthday will satisfy this requirement.

⁵ Previous illness may be documented with a written statement from a physician, school nurse, or the child’s parent or guardian containing wording such as: “This is to verify that (name of child) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.” The written statement will be acceptable in place of any, and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunizations/school>.

Exemptions

Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem).

Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health. Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.dshs.texas.gov/immunizations/school/exemptions.

The original Exemption Affidavit must be completed and submitted to the school. For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.



Texas Department of State Health Services • Immunizations • MC-1946 • P. O. Box 149347 • Austin, TX 78714-9347 • 800-252-9152



Operational Policy on Infant Safe Sleep

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

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

Safe Sleep Policy

All staff, substitute staff, and volunteers at _____ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

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

Privacy Statement

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

Special Care Needs Attachment:

1) Provide a child with special care needs with the accommodations recommended by [Medium-High]:

(A) A healthcare professional; or

(B) A qualified professional affiliated with the local school district or early childhood intervention program;

(2) Utilize as recommended any adaptive equipment that has been provided to the center for a child's use;

(3) Ensure that a child who receives early intervention services or special education services can receive those services from a qualified service provider at your operation, with parental request and approval;

(4) Ensure that activities integrate children with and without special care needs; and

(5) Ensure that caregivers adapt equipment and procedures and vary methods as necessary to ensure that they care for a child with special needs in a natural environment.

- Research has shown that children with disabilities benefit from learning alongside their peers in high-quality inclusive settings. One study found that young children with disabilities in high-quality inclusive early childhood programs made larger gains in their cognitive, communication, and social-emotional development compared to their peers in segregated settings. In addition, inclusion has benefits for all children, not just children with disabilities. Young children without disabilities who participate in an inclusive classroom learn life skills such as empathy and compassion.
- Child-care programs can be a great resource for parents who have questions about their child's development and the specialized services available in the community. In order to best serve parents who have questions about their child's development, a child-care center should make available to parents information regarding early intervention services in the community. Access to such information enables parents to request an evaluation of their child's development from experts who are qualified to assess the child's development and recommend appropriate services for the child. Early Childhood Intervention Services (ECI) has additional information regarding the specific services they provide, as well as locations in your community.
- If a child's parent has shared with the child-care center an Individualized Educational Program (IEP) from a school district or an Individualized Family Service Plan (ISFP) from ECI, the child-care center should make every effort to incorporate the plan, where applicable, into the child's daily activities.
- The child-care center is not responsible for the purchase or maintenance of adaptive equipment recommended for a child.
- The child-care center is not responsible for ensuring ECI or another qualified service provider visits the operation to provide services. However, the child will receive the benefit of services in a natural environment and the caregiver will learn methods for best serving the child when the center encourages caregivers to incorporate ECI or another service provider into classroom activities.
- A child-care center is considered a place of public accommodation under the Americans with Disabilities Act (ADA), Title III, because it holds itself out to the public as a business.

A statement of the child's special care needs, which must include: (A) Any limitations or restrictions on the child's activities;

(B) Special care the child requires, including (i) Any reasonable accommodations or modifications;

(ii) Any adaptive equipment provided for the child, including instructions for how to use the equipment; and

(iii) Symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care; and

(C) Any medications prescribed for continuous, long-term use;



Adapting the Child Care Environment for Children with Special Needs

Many child care providers work with children who have disabilities or special needs. Remember that children with special needs are children first, and have more similarities than differences from children without disabilities. Every child has a unique personality and special skills. Keep your primary focus on each child's strengths and abilities as you work to make modifications and adjustments.

Making Adaptations to Include Children with Special Needs

Each child is different, and each delay or disability will require different modifications. Child care providers should gather as much information as you can about the child and the disability, and learn about typical modifications that can be made. The child's parents and professionals who work with the child can be a tremendous resource. Don't be afraid to ask questions or make suggestions.

Many of the adaptations that you make to your child care program will be simple. Often, the modifications will also benefit the other children in your child care program.

General Modifications to Accommodate Children with Special Needs

- **Plan together.** Parents, consultants, and caregivers need to set goals together. Ask to be a part of the team that develops and tracks the child's Individualized Education Plan (IEP) so you can discuss activities, exercises, and supports needed to reach goals. Goals should be simple and should match the abilities of the child. Always discuss your ideas and plans with the family.
- **Modify toys and equipment.** Simple changes can often be made to regular toys. For example, you can help a child who has difficulty with stacking rings by simply removing every other ring. For a child who has difficulty holding a bottle, cover the bottle with a cloth sock so little hands can grasp it better.
- **Make small changes in your child care environment.** Slight adjustments in your child care environment may make the time that a child with special needs spends with you easier and more enjoyable for everyone. A quiet, private space for play may help an overactive child. A child with poor vision may benefit from an extra lamp in the play area. Removing a rug that slips will help a child who has trouble walking.



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- **Modify activities so all children can participate.** In some cases, all that is needed for a child with a disability to participate successfully in an activity is a minor modification in the way the activity is presented, either for that child specifically or for the whole group. This can mean breaking an activity into smaller steps, simplifying the activity, or slightly changing the activity. For example, you might complete three pieces of a four-piece puzzle, and allow the child to place the last piece, add tongs to an activity involving ice for a child who is averse to touching cold things, or create cards with pictures to show how an activity works, step-by-step (National Center for Learning Disabilities, 2010).
 - **Model appropriate behaviors.** Children with special needs are sometimes timid about playing with others. You can show them how by being a play partner yourself. You might play a game with the child or pretend to go shopping together. As the child becomes more comfortable, you can invite other children to join your play activity.
 - **Teach specific words and skills that will show how to find a playmate and how to be a playmate.** Learning how to look directly at another child when speaking or to say “May I play?” are big steps for some children.
 - **Teach children without a disability how to talk and play with children who have a disability.** Talk to the children about what to do. For instance, gently touching the shoulder of a child with a hearing impairment or looking directly at him while talking are effective ways of getting that child’s attention.
 - **Look for strengths as well as needs.** Avoid becoming too focused on a child’s disability. Treat each child as a whole person. Provide activities that will support a child’s strong points. Every child needs to feel successful and capable.
 - **Consult with parents, health care professionals, and early childhood specialists.** Parents and specialists can provide specific information and suggestions for working with a child who has a disability. Do not be afraid to ask questions. Parents sometimes take it for granted that caregivers will know what to do.



Sources:

Adapted from eXtension (2014). *Adapting the Child Care Environment for Children with Special Needs*.
National Center for Learning Disabilities (2010). *Change or Modify the Curriculum Activities*, RecognitionandResponse.org.

Provider's Guide to Parent's Rights

Senate Bill 1098 from the 88th Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- Enter and examine the child-care facility during its hours of operation and without advance notice;
- File a complaint against the child care facility;
- Review the child care facility's publicly accessible records;
- Review the child-care facility's written records concerning the parent's or guardian's child;
- Receive inspection reports and information about how to access the child care facility's online compliance history;
- Have the facility comply with a court order that prevents another parent or guardian from visiting or removing the child;
- Be given the contact information for the child care facility's local Child Care Regulation office;
- Inspect any video recordings of an alleged incident of abuse or neglect involving their child provided that:
 - Video recordings of the alleged incident are available;
 - The parent or guardian does not retain any part of the video depicting a child that is not their own; and
 - The parent or guardian of any other child in the video receives prior notice from the facility;
- Obtain a copy of the facility's policies and procedures handbook;
- Review the facility's staff training records and any in-house training curriculum; and
- Exercise these rights without receiving retaliatory action by the facility.

Required Notifications

- The child care facility must provide written notice to the parent or guardian of any other child captured in a video before allowing a parent to inspect a recording.
- The child care facility must provide a parent or guardian with a written copy of the rights no later than the child's first day at the facility.