

Head Start / Early Head Start PARENT ORIENTATION HANDBOOK 2022/2023



CHILD DEVELOPMENT PROGRAM

BIRTH TO FIVE (B-5) HEAD START PROGRAM

About Our Head Start Program / Enrollment Expectations

We are a child development program; ***we are not a daycare.*** Our program is free to attend; ***it is not a free program.*** We are funded by federal dollars and we have to meet federal requirements to continue our program. Families **MUST** attend orientation **BEFORE** they enroll. *See attached Enrollment Expectations agreement.*

Program Philosophy

West Texas Opportunities, Inc.'s Birth to Five (B-5) Head Start program recognizes the critical importance of providing young children the opportunity for experimentation, exploration, and problem solving in an atmosphere that promotes development of social skills and positive self-image. Health and safety must also be addressed for the well-being of the child. Providing these services is only possible through a program that not only supports the children but promotes family involvement. The B-5 program is committed in providing a quality program that builds better, brighter tomorrows for children and families. All program policies and procedures apply to ALL children, family and staff that we serve, including those persons with disabilities.

Forms / Policies

While your child is in our program, forms will need to be filled out. HS/EHS staff will contact or notify parents as needed via text, email, phone calls, newsletters and/or verbally. Parents will also be notified of any changes in policies during the program year. Parents are welcome to review policies and discuss any questions or concerns about our procedures with the Center Director on site.

Hours of Operation

HS Hours:	8:00 am - 2:30 pm	Monday - Friday August-May
EHS Hours:	8:00 am - 2:30 pm	Monday - Friday August-July (year-around)
Staff Hours:	8:00 am - 4:00 pm	Monday - Friday August-May (HS) / August-July (EHS)

We will follow the Independent School District's (ISD) calendar for holidays. *See attached Calendar*

Bad Weather Days

If the ISD is closed, our classrooms may still be open. Our staff will notify parents via text, email, phone calls and/or verbally of any closings.

Sign in and Sign out

Parents/Guardians must sign your child in and out daily. Once you sign your child in, he or she becomes OUR responsibility, when you sign your child out, he or she becomes YOUR responsibility.

Classroom Party Policy

NO CLASSROOM PARTIES WILL BE ALLOWED FOR HS/EHS.

Open Door Policy

Our Birth to Five program is open to parents/guardians during all hours of operation. Parents/guardians are welcomed and encouraged to observe their child, our operation and program activities without having to secure prior approval. Parents/Guardians **MUST** check in through the office. Participation in program activities is never required as a condition of their child's enrollment.

Food Policy

We are concerned with the nutrition and health of each child therefore we provide breakfast, lunch and a snack to all children enrolled. Any food that is served to the children will be prepared in the center or in a commercial kitchen with a valid health permit. No outside food is allowed for health reasons.

Guidance / Discipline

See attached Child Guidance / Behavior Issue Policy

Non Discriminatory Policy

West Texas Opportunities, Inc., as an Equal Opportunity Employer, does not discriminate in any personnel practice; and does not discriminate for child enrollment or personnel practice with regard to race, creed, handicap, political affiliation or belief, color, national origin, sex or age.

Vision and Hearing Screening

All children ages 3 to 5 will receive a vision and hearing screen on site with parental consent. Parents/Guardians will be notified of results. Follow-up plans will be developed as necessary. Early Head Start children, ages 0 to 36 months, will follow the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) schedule. Results from hearing and vision will be taken from the EPDST physical.

Information on Health Checks

For children enrolled in EHS (ages 0-36 months), a daily health check is documented at time of taking morning attendance.

Health and Safety Requirements

Each child is required to have the following in order for us to ensure up to date health status:

1. A Current Physical Exam
2. A Current Dental Exam
3. Up to Date Immunizations
4. A Medical/Dental Home Within 30 Days
5. Lead Tests at 12 And 24 Months
6. A Hemoglobin Test At 12 Months

Illness and Exclusion

If your child becomes ill, Parents/Guardians will be notified. Parent must come and pick up child within a reasonable timeframe. *See attached Exclusion Guidelines for Sick Children Policy*

Head Lice

See attached Head Lice Policy

Medication

See attached Medication Administration policy

Immunizations for Children

See attached Immunizations Policy

Vaccine Preventable Diseases

See attached Vaccine Preventable Diseases Policy

Medical / Dental Emergencies

Medical and Dental emergencies involving children will be handled in a way that provides quick response. However minor injuries might occur. Emergency plans are posted in each classroom. *See attached Medical and Dental Emergency Policy.*

Nurturing

Nurturing is part of our responsibilities. We will hug your child; give your child a pat on the back, etc.

Reporting Child Abuse and Neglect

In case of immediate suspected danger to a child, staff persons must notify local law enforcement officials and follow the policy and procedures. *See attached Identification and Reporting of Child Abuse and Neglect policy.*

DFPS Child Abuse Hotline at 1-800-252-5400
DFPS Child Abuse website at <https://txabusehotline.org>
Child Care Licensing at (432) 368-2693

Emergency Preparedness Plans

An emergency preparedness plan is posted in each classroom and parent room. To ensure that all children are present, safe and accounted for, our program has developed a plan for addressing possible emergency situations. To ensure the plan is known and can be followed out by all staff and children, the plan will be practiced.

Fire / Evacuation / Severe Weather / Lock-down Drills

Our program will provide the safest environment possible for the staff and children. All classrooms will participate in regularly scheduled fire, weather and lockdown drills.

Naptime

Naptime is part of our daily schedule. Children will be down for naps after lunch. Cots are provided for each child. Parents/Guardians can bring a towel for their child to cover with.

Physical Activity – Indoor/Outdoor Play

All children must have outdoor play daily, as weather permits, to include a balance of active and quiet play with a minimum of 60 minutes of moderate to vigorous active play for toddlers and 90 minutes for pre-k age children. *See attached policy*

Toileting

Our staff will encourage children to use toilet facilities independently when developmentally appropriate. Regular bathroom breaks are integrated into the daily schedule to remind children to use facilities.

Clothing and Personal Belongings

Parents/Guardians need to label all of your child's belongings, including towels, coats, extra clothing, etc. Each child needs to have an extra set of clothing for emergencies.

Release of Children / Authorized Persons /Locked Door Policy

See attached Policy on Release of Children

Field Trips

Field trips (when possible) are scheduled to reinforce the educational unit and for children to gain insight to the environment and have learning experience. Parents/Guardians will be notified and must give written permission for their child to participate in field trips.

Communication/Teacher Conferences/Parent Notification

Communication is the most importance. Feel free to speak with your child's teacher if you have any questions or concerns. Parent/Teacher conferences are scheduled twice a year. We will keep you up to date with center news and events using our school messaging system to text or email you directly about center events, closings, missing paperwork, etc.

School Pictures

School pictures will be taken towards the end of the school year. There is not a specific day planned. Staff will notify Parents/Guardians when scheduled.

Water Activities

If wading pools are used, pools will not have more than two feet of water.

Breastfeeding Mothers

Mothers have the right and are encourage to breastfeed or provide breast milk for their child while in care. If a mother chooses to breastfeed, a private area will be available to breastfeed at the Center. Please check with your Center Director or Case Manager for location. In addition, if Parents/Guardians provide expressed breast milk, we will follow our Food Storage Policy.

Minimum Standards

Parents/Guardians can review a copy of the Office of Head Start's minimum standards and the center's most recent licensing inspection report in the Center Director's office and in the parent room. Parents/Guardians may contact the local Child Care Regulations office at (432) 368-2693 or access online at www.txchildcaresearch.org.

Volunteering in the Classroom / Center

Parents/Guardians are encouraged to volunteer in the classrooms or any part of the center. Regular volunteers will need to have a TB test and a background check.

Animals in the classroom

Staff will ensure that only “allowable” animals, according to Child Care Regulations, will be brought into the classroom and appropriate safety and sanitation procedures will be followed at all times.

Suspension and Expulsion

Our program provides a safe and nurturing environment for children and families that limits expulsion, suspension, or other exclusionary discipline. When a child exhibits persistent and serious challenging behaviors, our program will explore all possible steps and document all steps taken to address such problems, and facilitate the child’s safe participation in the program. A suspension must only be used 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. Our program prohibits or severely limits the use of temporary suspension due to a child’s behavior. **Should a child’s behavior present a serious safety threat for themselves or other children or adults, the Head Start Director should be contacted immediately by the Center Director or other support staff at the center. If the HS Director cannot be reached – staff should contact Mental Health Coordinator. Staff will be directed on how to proceed with reasonable modifications, contacting the parent, documenting the behavior, and developing a plan of action.**

Gang-Free Zone

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. Gang-related criminal activity or engaging in organized criminal activity within 1000 feet of your center is a violation of this law and is therefore subject to increased penalty under state law.

Cell Phone-Free Zone

No cell phones or electronic devices while walking to the classroom, in the classroom, or at the center.

Privacy/Confidentiality

Our program will protect the confidentiality of all personally identifiable information (PII) and will abide by all provisions under the family educational rights and privacy act (FERPA).

Community Resources

A Community Resource Directory is located in the Center Director and/or Case Manager’s office for review. A copy can also be provided to you upon request.

Parent Introduction to Behavior

Head Start Behavior IS



**Safe
Friendly
and
Respectful**

What is **NOT** Safe, Friendly, or Respectful?

- ❖ HURTING OTHERS
- ❖ CUSS WORDS
- ❖ KICKING
- ❖ DESTROYING PROPERTY
- ❖ SPITTING / BITING
- ❖ EXTREME TANTRUMS
- ❖ SCREAMING
- ❖ SCRATCHING
- ❖ NAME CALLING

Head Start Performance Standards require that our program consult with professionals to help our staff and parents implement strategies to identify and support children's social & emotional behavior and to assist with interventions as needed on an individual basis. Our program contracts with a Mental Health Consultant for routine classroom observations, staff and parent consults, and other individual needs for children and families. If a child's behavior becomes an issue with their participation in the program, we will utilize our consultant to assist us as staff in identifying ways to support the child and family with appropriate interventions.

****I have read the above statements and understand that the Head Start program consults with a Mental Health Consultant regarding appropriate interventions and strategies to support program participation.**

EXCLUSION GUIDELINES FOR SICK CHILDREN

1302.47 1302.92 1302.15 1302.90 1302.41-42 1302.46 746.3601(3)(C & D) 746.3605

Policy

Short-term exclusion guidelines for West Texas Opportunities, Inc., have been taken from the “Communicable Disease Chart for Schools and Child-Care Centers” published by the Texas Department of Health. If the illness prevents the child from participating comfortably in the center activities AND results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of other children in care, we will follow the exclusion procedures below. **Children with long-term health care needs will not be excluded from our program unless keeping the child poses a risk to the health and safety of children or staff.**

Procedures

In order to ensure the safety and health of our children and staff, children who have any of the following conditions will be **excluded from the classroom** until either the readmission criteria is met according to the Communicable Disease Chart or we receive a note from the child’s doctor stating that the child is no longer contagious:

1. Armpit temperature of above 100.4 degrees and accompanied by behavior changes such as lethargy, abnormal breathing, uncontrolled diarrhea, rash, or mouth sores with drooling. The child may return to school the next day if the child is fever free. Staff will check temperature using a digital thermometer with a protective sleeve.
2. Two (2) or more vomiting episodes while in our care (between 8:00 am & 2:30 pm).
3. Chicken Pox (varicella)
4. Ringworms of the body or scalp
5. Diarrhea: three (3) or more episodes of loose stools while in our care (between 8:00 am & 2:30 pm).
6. A sore, red throat, even if no fever is present
7. An earache causing pain
8. A deep, hacking cough
9. Severe congestion that prevents the child from participating comfortably.
10. Difficulty breathing or untreated wheezing (CONTACT DR. IMMEDIATELY) *
11. An unexplained rash
12. Complaints of a stiff neck and headache with one or more of the above symptoms (CONTACT DR. IMMEDIATELY)*
13. Thick green drainage from the nose accompanied by a fever. Many children have noted allergies and should not be excluded for drainage unless accompanied by a fever and the child is unable to participate comfortably.
14. Red eyes with discharge or crusting
15. An unusual yellow coloring to the skin or eyes (CONTACT DR. IMMEDIATELY) *
16. Blister opening on the skin that is pus-filled or oozing.

If the child becomes ill while in your care, the Case Manager must:

1. Contact the parent to pick up the child
2. Care for the child apart from other children
3. Give appropriate attention and supervision until the parent picks the child up
4. Give extra attention to hand washing and sanitation if the child has diarrhea or vomiting.
5. If a parent knows or suspects that their child has a contagious disease, advise parent to take their child to see a doctor to confirm the diagnosis and receive medication if needed.

*** COULD BE SIGNS OF SERIOUS ILLNESS**

STAFF WILL NOTIFY ALL PARENTS WITH CHILDREN IN THE CLASSROOM IN WHICH A CHILD HAS A DIAGNOSED COMMUNICABLE DISEASE.

MEDICATION ADMINISTRATION

1302.47 1302.92 1302.15 1302.90 1302.41-42 1302.46 1302.101-102 1303.23 1301.3 1303.32

Policy

Medications for short term illnesses must be administered by the family at home unless the doctor's instructions specifically states that the medication can only be given during specific time periods that include the time the child would be in our program. This includes all prescription medication. Parents must transport all medications to and from the center. Centers located in Andrews, Crane, Lamesa, McCamey, Seminole HS/EHS and Stanton will only allow the dispensing of medications for chronic conditions or in specific cases when medication cannot be given at home. Medication on the Seminole FJY campus will be the responsibility of the Public School Nurse, who will follow procedures set by the Local School Districts. ***No over-the-counter medication will be given to any child by our staff.*** Modifications to this policy will be made on an as-needed basis with written permission from the Birth to Five Director. Failure to follow this procedure will result in West Texas Opportunities, Inc. disciplinary action.

Procedure

1. The Case Manager will be designated and trained to store and administer medication.
2. The Case Manager will designate another Head Start Staff member at their location to be kept informed of current procedures and store and administer medication when the Case Manager is not able to do so.
3. All medication must be in original container, labeled by the pharmacist with the child's first and last names, the name of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date, and administration and storage instructions. ***A copy of the Medication Administration form will be sent to the Health Coordinator before medications are given to any child.***
4. Medication will not be administered by our staff without the above information. No medication will be administered that has expired.
5. Parents must bring the medication to the center and sign the **Authorization for Dispensing Medication** form before any medication will be given.
6. If staff administering medication is unclear on any of the instructions on the medication, they will call the physician, pharmacist, or have parents bring more information before administering medication. If a staff member administering medication does not feel comfortable with the instructions provided, they should call the Health Coordinator for further understanding and training. (806-872-2134)
7. If the medication can be given to the child before or after school hours, Head Start staff should return the medication to the parent and explain when it needs to be given.
8. The Case Manager or designated staff must complete the information on the top of the **Authorization for Dispensing Medication** form. **(ALL BLANKS)**
9. Each time medication is given to a child, staff will fill out time, amount, date, and name of person administering medication on the **Authorization for Dispensing Medication** form. If a child misses a dosage during the time medication should have been given, it must be documented. (i.e. child is absent)
10. The Case Manager will inform classroom teachers when a child is taking medication and inform them to document any changes in behavior that are observed.
11. Use a separate form for each prescription.
12. All medication will be stored in locked boxes, away from food, and refrigerated if necessary.
13. Staff must wash hands before and after administering medication.
14. **A Health Care provider must train staff to use any equipment needed to administer medication, such as, but not limited to, a nebulizer (breathing treatment), or catheterization.**

THIS POLICY AND PROCEDURE WILL BE GIVEN TO PARENTS IN ENGLISH AND SPANISH
AS PART OF THE ORIENTATION HANDBOOK.

IMMUNIZATIONS (CHILD)

1302.15(e) 1302.42(b) 1302.41 746.603 746.613 746.615 746.623 CFOC(7.2)

Policy

Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Staff and parents will work closely to ensure children are up-to-date on an age appropriate immunization schedule. Our Birth to Five centers will follow the Texas Minimum State Vaccine Requirements for Child-Care Facilities as set by the Department of State Health Services.

Procedure

1. Parents are to bring a copy of their child's immunization record to their case manager at the time of registration. This record will be kept in the child's folder.
2. A child is REQUIRED to have up to date immunizations BEFORE the child attends the program. By law, admission to school is not allowed until one of the following records is produced:
 - a) Current Immunizations - an up to date immunization record; or
 - b) An Exemption on File - a copy of a physician's medical reason letter or copy of the Conscience affidavit* (*see Request for Exemption form*) We must maintain a list of students with exemptions, so they may be excluded in times of emergency or if an epidemic is declared by the commissioner of public health; or
 - c) Provisional Enrollment - child is as up to date as they can be at the time of enrollment meaning if the student has received at least one dose of each specified age-appropriate vaccine required and is on schedule to receive subsequent doses as rapidly as medically feasible. Student MUST NOT BE OVERDUE for next dose in series to be considered provisional.
3. Case Managers will regularly check child's immunization record to identify any vaccines that are currently due or past due.
4. Case Managers will notify parents of upcoming immunization dates and local health agencies that can assist with these services.
5. Case Managers will regularly meet with parents, educating and encouraging them in the immunization process.
6. After each immunization appointment, parents are to bring a copy of the updated record to the Case Manager. The Case Manager will enter the information into *ChildPlus*.

Procedure for Unimmunized Children

1. The Health Coordinator will write a letter to the parents if immunizations are not updated in a timely manner.
2. The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. This could be a scheduled appointment with the primary care provider or an upcoming immunization clinic sponsored by a local health department or health care organization.
3. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible according to the current "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years – United States".
4. If a vaccine-preventable disease to which children are susceptible occurs in the facility and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

VACCINE-PREVENTABLE DISEASE POLICY FOR STAFF

1302.93 CFOC(7.2.0.3) §42.04305 §746.501(27) §746.3609 §746.3611

Approved By Policy Council on: 2/10/2015

Policy

Routine immunization of adults is the best means of preventing vaccine-preventable diseases. Vaccine-preventable diseases of adults represent a continuing cause of morbidity and mortality and a source of transmission of infectious organisms. Caregivers/teachers should be current with all immunizations routinely recommended for adults. This policy was developed and implemented to protect the children in a licensed child care center from vaccine-preventable diseases. The Health Coordinator will work closely with all staff to ensure they are up-to-date by utilizing the attached immunization schedule.

Procedure:

- (1) Each staff member must receive vaccines for the vaccine-preventable diseases as specified by a health care professional based on the staff's level of risk to children by routine and direct exposure to children.
- (2) Below are the vaccines that a Health Care Professional has recommended for all Birth to Five (B-5) staff to receive based on the level of risk to children by the staff's routine and direct exposure to children:
 - a. Influenza – one dose annually for all age groups
 - b. Tetanus, Diphtheria, Pertussis (Td/Tdap) – one time does of Tdap for TD booster, then boost with Td every 10 years
 - c. Varicella – two doses only for all age groups
 - d. Measles, mumps, rubella (MMR) – one or two doses
 - e. Pneumococcal Polysaccharide (PPSV23) - one or two doses up to
 - f. Hepatitis A - two doses only for all age groups
- (3) In order to verify whether staff has complied with the policy, the employee must provide documentation to their Center Director.
- (4) The Center Director will place a copy of the immunization record in the employee's personnel folder and will also forward all immunizations records to the Health Coordinator.
- (5) The Health Coordinator will verify that all above vaccines have been provided for that staff member and will input the immunization record into Childplus. The Quality Improvement Coordinator (QIC) will track the required vaccinations using a customized Childplus report and will work with the Health Coordinator to advise staff on any upcoming vaccinations as needed.
- (6) Any B-5 staff can decline the recommended vaccines. In order for staff to be exempt from the required vaccines, the employee will have to provide acceptable reasons and documentation.
- (7) Based on the level of risk an employee presents and in order to protect the children in care from exposure to diseases, an exempt employee **must** follow the following procedures:
 - Wear gloves when handling or cleaning body fluids, such as after wiping noses, mouths or bottoms, and tending sores.
 - An exempt employee with open wounds and/or any injury that inhibits hand washing, such as casts, bandages, or braces must not prepare food or have close contact with children in care.
 - Wear masks when the exempt employee has respiratory symptoms to reduce the spread of droplets to surrounding areas.
 - Wear masks when taking care of children with respiratory symptoms.
 - Remove gloves and wash hands immediately after each task to prevent cross-contamination to other children.
 - Exclude the exempt employee from direct care when the employee has signs of illness.
- (8) If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department should be consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.
- (9) Any discrimination or retaliatory action against an employee who is exempt from the required vaccines for the medical conditions identified as contraindications or precautions by the Centers for Disease Control and Prevention is strictly prohibited.
- (10) Our B-5 program will maintain an electronic record of each employee's compliance with or exemption from this policy in Childplus. In addition, all immunization records, exemption requests and approvals must be included in all staff folders.
- (11) WTO will take disciplinary actions against an employee who fails to comply with this policy. (*See: West Texas Opportunities, Inc. Discipline Policy*). Supervisors will be responsible for seeing that staff under their supervision have read and have a clear understanding of the WTO,I. Discipline Policy.

IDENTIFICATION AND REPORTING OF CHILD ABUSE & NEGLECT

1302.47 1302.92 1302.15 1302.90 1302.41-42 1302.46 1302.101-102 1302.90 1303.23 1301.3 1303.32

******THIS PROCEDURE MUST BE POSTED IN ALL CENTERS AND/OR CLASSROOMS******

Policy

The procedure outlined below applies to all individuals employed or working in West Texas Opportunities, Inc. Birth to Five (B-5) centers. These employees are trained annually on the methods of awareness and issues regarding child abuse and neglect, including warning signs that a child may be a victim of abuse or neglect or at risk for abuse or neglect. This policy as well as the "Reporting Basics" will be publicly posted in each B-5 Center.

In the case of immediate suspected danger to a child, staff persons must notify local law enforcement officials along with following the listed procedures.

Procedure

1. Any person having cause to believe that a child's physical or mental health welfare has been or may be adversely affected by abuse or neglect by any person shall report this concern to the proper authorities. **It is necessary to notify the designated individual in your center when you have called in a suspected case of abuse or neglect.** The designated individuals in the centers are:

Andrews HS & EHS:	Center Director
Lamesa HS & EHS:	Center Director
Stanton HS & EHS:	Center Director
Seminole HS & EHS:	Center Director
Seminole FJY:	ISD School Nurse
Crane:	Center Director
McCamey:	Center Director

2. Reports of suspected child abuse or neglect shall be made to the Texas Department of Protective and Regulatory Services at **1-800-252-5400 OR** via online at <https://txabusehotline.org>. Also fax a copy of the completed form to the B-5 Director at **806-872-8143**.
3. The designated individual in each center will be responsible for monitoring and obtaining reports from child protective agencies concerning the individual progress and handling of each case.
4. A person who makes a report in good faith without intentional false information or malicious intent is immune from liability, civil or criminal, by making such a report.
5. The law states that it is an offense if a person fails to report when they suspect that a child's physical or mental health or welfare has been or may be further adversely affected by abuse or neglect.

MEDICAL EMERGENCY

1302.47 1302.92 1302.15 1302.90 1302.41-42 1302.46

*******THIS PROCEDURE MUST BE POSTED IN ALL CENTERS AND/OR CLASSROOMS*******

Policy

Medical emergencies involving children will be handled in a way that provides quick response.

Procedure

1. Do not leave the ill or injured child alone
2. When a child is involved in an emergency, one teacher will stay with the injured child, the second teacher will stay with the other children. The teacher assistant will go to the classroom to assist the second teacher.
3. Staff trained in First Aid/CPR will administer FIRST AID as necessary.
4. Send for the Case Manager.
5. Seek medical assistance from:
 - 9-1-1
 - Preferred physician listed on child's emergency form.
 - Local emergency room or clinic
6. If unsure about the urgency of the situation, call the listed physician on the child's emergency form.
7. Case Manager will **immediately** contact the child's parent or adult listed on the emergency form.
8. Case Manager will see that emergency information is sent with the child if taken for emergency treatment.
9. Case Manager will notify the Health Coordinator in Lamesa (806-872-2134) within 24 hours of the emergency.
10. Classroom staff (or whoever was present at time of accident) will fill out the Accident Report Form. One copy will be filed in the child's folder; another copy will be sent to the parent.

DENTAL EMERGENCY

1302.47 1302.92 1302.15 1302.90 1302.41-42 1302.46

*******THIS PROCEDURE MUST BE POSTED IN ALL CENTERS AND/OR CLASSROOMS*******

Policy

Dental emergencies involving children will be handled in a way that provides quick response. In the centers located in McCamey and Seminole FJY, the child will be sent immediately to the school nurse in case of a dental emergency. The nurse will then handle the emergency according to the Public School Emergency Procedure.

Procedure

1. When a child is involved in a dental emergency, the classroom teacher will stay with the injured child, the assistant will stay with the other children.
2. Send for or take the child to the School nurse or the Case Manager.
3. The Case Manager will follow the following guidelines:
 - a. Toothache – contact the child's parent to transport the child to the dentist.
 - b. A wedged object – do not remove the object. Contact the child's parent to transport the child to the dentist or the Case Manager will take the child to the dentist or physician immediately.
 - c. Knocked out tooth – place tooth in clear tap water. Do not clean the tooth. Contact the child's parent to transport the child to the dentist.
 - d. Broken tooth - contact the child's parent to transport the child to the dentist.
 - e. Bitten tongue or lip – using protective gloves, apply direct pressure to bleeding area with sterile gauze. If bite is severe, contact the child's parent to transport the child to the dentist immediately.
 - f. Fractured jaw – immobilize the jaw. Call 911 and contact the child's parent immediately.
4. If unsure about the urgency of the situation, call the listed dentist or physician on the child's emergency form.
5. The Case Manager will notify the Health Coordinator in Lamesa at 806-872-2134 within 24 hours of the emergency.
6. Classroom staff (or whomever was present at the time of accident) will fill out the Accident Report Form. One copy will be filed in the child's folder, another copy will be sent to the parent.

HEAD LICE

1302.47 1302.92 1302.15 1302.90 1302.41-42 1302.46

Date Revised: 4/12/2021

Policy Council Approved: 4/13/2021

Policy

Head lice are small, tan-colored insects that are less than 1/8 inches long that live on blood they draw from the scalp. They deposit tiny, gray/white eggs, known as nits (eggs) on a hair shaft 3 to 4 mm from the scalp. The presence of lice/nits in children attending child care is common and is NOT a sign of poor hygiene. Transmission occurs by direct contact with hair of infested people and less commonly by direct contact with personal items of infested people. Head lice survive less than one to two days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp. **Head lice are not responsible for the spread of any disease**, only the discomfort of infestations therefore the institution of “no-nit” policies before permitting return of an infested child to child care or school are not effective in controlling transmission.

Procedure

1. Classroom staff will conduct a lice check on every child each Monday morning. Children absent on Monday will be checked upon their return to school.
2. If a child is found to have lice, that child will NOT be excluded immediately or sent home early unless there is an infestation (3 or more **LIVE** bugs) or a head full of untreated nits. If the Case Manager has a concern about an infestation, she must call the Center Director or Health Coordinator for more guidance.
3. Child should avoid any head-to-head contact with other children and the sharing of any headgear while finishing out the day.
4. Parents/guardians of affected children should be notified and informed that their child must be **TREATED** before returning to the center. *(SEE TREATMENT GUIDANCE BELOW)*
5. The contagious period is over when **LIVE** lice are no longer present per the American Academy of Pediatrics.
6. The Case Manager will encourage the parent/guardian to speak to their health care provider concerning treatment which can include using medications (pediculicides) that kill lice/nits, combing them out of wet hair with a special fine tooth comb and following instructions on how to clean bedding and surrounding areas. *(SEE TREATMENT GUIDANCE BELOW)*
7. Children and staff who have been in close contact with an affected child should be examined and treated if adult lice or nits are present.
8. Classroom staff will send the child’s pillow and blanket home with the child to be washed and dried by the parent.
9. Classroom staff will sanitize the child’s cot and vacuum the floor and furniture, particularly where the infested child sat or lay, while recognizing that the risk of getting infested by a louse that fell onto a rug, carpet or furniture is very low.
10. Parents/guardians must bring their child to be re-checked by their Case Manager **BEFORE** returning to the classroom.
11. If all **LIVE** lice have not been removed, repeat steps 4 through 10 until they have been removed. Nits may still be present after a medicated treatment but as long as the child has clearly been treated and there are no LIVE bugs, they can return to the classroom.
12. The Case Manager must provide detailed resources to the parents to educate them on the cleaning process that must take place at home in order to help prevent and control the spread of head lice. *(SEE TREATMENT GUIDANCE BELOW)*.
13. When medicated treatments are needed for children who do not have Medicaid, CHIP or private insurance, Case Managers can request a medicated treatment from their Center Director.

TREATMENT GUIDANCE: If the parent states that they have given their child an over the counter or prescribed treatment, then follow the guidance for medicated treatment. If the parent states that they have cleaned out their child using the manual process or do not want to use chemicals on their child, then follow the guidance for manual removal. The child's head will be checked and if there are no LIVE bugs or an excessive amount of nits, then the child can return to class.

⇒ **Medicated treatment (recommended):** The most effective way to treat head lice is with head lice medicine, usually an over-the-counter preparation that contains the pediculicides permethrin or pyrethrin. Healthcare providers can provide further advice for families who have concerns about using these products. Please follow the instructions carefully.

1. Parent must bring proof of treatment with them when they come to their Case Managers office to get their child checked. This will help assure that the child has been treated and also help guide the case manager if further assistance is needed or requested.
2. Parent will provide the Case Manager with what they have treated their child with (i.e. prescription, product label, empty bottle, etc.). It does not have to be a doctors' note but if there is a prescription, please provide it.
3. The child's head will be checked and if there are no LIVE bugs or an excessive amount of nits, then the child can return to class. If a small amount of nits are still present, the child can stay as long as the parent understands that if more nits or a live bug appears, they will have to repeat the process.

⇒ **Manual Removal Treatment:** Manual removal is a non-pesticide method that reduces the population of lice by physically combing out the nits and lice with a very fine comb. These specialized combs are used to detach nits that have tightly glued themselves to the hair shaft. It involves combing out small amounts of hair at a time.

1. The child's head will be checked and if there are no LIVE bugs or an excessive amount of nits, then the child can return to class.
2. If any live bugs are found in the child's head, the child will not be allowed to stay.
3. If there is no improvement from the day before (i.e. head still full of nits), the child will not be allowed to stay.

❖ *The rationale is without treatment, the nits can develop into nymphs which develop into adult lice (live bugs) and will continue to populate the body until they become overwhelming. The medication kills the bug and the nits.*

CHILD GUIDANCE/BEHAVIOR ISSUE

1302.17 (b) (3) 1302.45 (a) (1) (2) (3) (b) (1) (2) (3) (4) (5) (6) 1302.90 (c) (1) (i) (ii) (A) (B) (C) (D) (E) (F) (G) (H) (I)

Policy

Staff will create a nurturing environment for the children to increase their ability to develop a positive social relationship and sense of belonging. Staff will become aware of all risk factors that may cause behavioral problems. All appropriate staff along with parents will work together to better serve the child.

Procedure

1. Staff will provide an environment of acceptance for each child.
2. Staff will provide an opportunity for the children to develop social skills through center activities or one-on-one activities.
3. In redirecting the child's behavior, staff will respect the child and family's background and cultural beliefs.
4. Staff will encourage and praise the children's work and behavior.
5. Staff will establish classroom and learning center rules at the beginning of the school year.
6. Rules will be short, clear and simple for the children to understand and follow. These will be shared with family at first home visit and orientation.
7. Remind children of classroom rules and redirect them if necessary.
8. A child can and will be removed from the classroom if safety becomes an issue.
9. Staff will provide an area for an upset child to calm down. (Child will be supervised at all times)
10. Staff must allow children to do their own problem solving--intervene when necessary.
11. Teachers will document concerns on the "Teacher Concern" form and request feedback.
12. Staff will communicate and share information with parents concerning the child's behavior.
13. Staff must not use physical activity or outdoor time as a punishment or reward.
14. Staff must not use or withhold food as punishment or reward.
15. Disciplinary action, using West Texas Opportunities, Inc. Disciplinary Policy, will be taken against WTO employees for the following reasons:
 - a. Use of corporal punishment
 - b. Withholding food
 - c. Name calling
 - d. Demeaning treatment of child
 - e. Children left unsupervised

PHYSICAL ACTIVITY - INDOOR / OUTDOOR POLICY

746.501(a)(18) 746.2206 CFC 3.1.3.1

Policy

We promote all children to actively play every day. They will have ample opportunity to do moderate to vigorous activities, such as running, climbing, dancing, skipping, and jumping, to the extent of their abilities, both indoors and outdoors. Toddlers and preschoolers generally accumulate moderate to vigorous physical activity over the course of the day in very short bursts (15–30 seconds). Children can learn better during or immediately after these types of short bursts of physical activity, due to improved attention and focus.

Procedure

1. Moderate to vigorous play can be done several times throughout the day that equals the minimum for each age group. Outdoor play usually provides the opportunity for lots of vigorous physical activity.
2. Children are typically most physically active during the first 15 minutes of outdoor free play. The total time allotted for moderate to vigorous play (indoor/outdoor) for specific age groups are:
 - a. Infants -12 months: children should be allowed as much as physical activity as they can tolerate. Infants should have supervised tummy time every day when they are awake for short periods (3–5 minutes), increasing the amount of time as the infant shows he/she enjoys the activity.
 - b. 13 months - Toddlers: children should be allowed 60 to 90 minutes daily for moderate to vigorous physical activity, including running.
 - c. 3 years and up: children should be allowed 90 to 120 minutes daily for moderate to vigorous physical activity, including running.
3. Physical activity will be structured and unstructured to ensure young children participate in vigorous activities where they may breathe hard, sweat and exhibit flushed cheeks. This vigorous physical activity provides healthy exercise for children’s hearts, lungs, and muscles and facilitates the development of their fundamental movement skills.
 - a. Physical activity (moderate) - faster than a slow walk, but still allows the child to talk easily. It increases the child’s heart and breathing rates.
 - b. Physical activity (vigorous) - Rhythmic, repetitive physical movement that uses large muscle groups, causing the child to breathe rapidly and only enabling the child to speak in short phrases. Typically, the child’s heart rate is substantially increased and the child is likely to be sweating.
4. Children will play on uncovered areas and covered areas on the playgrounds.
5. Staff will speak with the children’s parents/guardians about our goals in providing physical activity during the program day and encourage them to send their child in the recommended clothing and footwear below that will allow their child to participate freely and safely in physical activities.
 - a. Clothing should permit easy movement that enables full participation in active play and also reflect the weather (i.e. a heavy coat, hat and mittens in the winter; or raincoat and boots when it rains). Lightweight, breathable clothing, without any hood and neck strings, should be worn when temperatures are hot to protect children from sun exposure.
 - b. Footwear should provide support for running, jumping and climbing. Appropriate footwear includes gym shoes or a sturdy gym shoe equivalent. Footwear that can come off while running or that provides insufficient support for climbing should be avoided.
6. Physical activity will still occur on days when extreme weather conditions prohibit or limits outdoor play. Staff will follow the “Child Care Weather Watch” chart to make this determination. Outdoor times can be curtailed in which children may still play safely outdoors for shorter periods. In this case, the time of indoor activity should increase so the total amount of exercise remains the same.
7. Active play will **never** be withheld from children who misbehave. However, children with out-of-control behavior may need 5 minutes or fewer to calm themselves or settle down before resuming activities.

RELEASE OF CHILDREN

1302.47(b)(5)(iv)

Policy

Our Birth to Five (B-5) program will require parents to notify staff, and update as needed, who can have access to their child at our site or who the child can be released to after school. Centers housed in a public school, will follow their school's policy.

Procedure

1. All parents or legal guardians of children enrolled in our program must complete the Child's Emergency Information Form listing which individuals are allowed to pick up their child. This form should be completed no later than the first week the child attends school. All emergency forms should be in place within two weeks of starting the program. In the event an emergency form is not in place at the center yet, emergency contacts listed in the child's application may be utilized.
2. Children are only allowed to leave the premises with those persons authorized by the parent or legal guardian to pick up the child. Parents must list all individuals that may pick up their child in case of an emergency situation. ***(Children will not be allowed to leave with anyone under the age of 16.)***
3. A parent may tell the teachers or other appropriate staff, in person, the name of an individual allowed to pick up their child for that day without adding them permanently to the pick-up list. **However, staff is not allowed to take phone calls authorizing any individual to pick up a child that is not on the emergency form.**
4. For those families that are without a phone and do not deliver the child to the center, a written note signed by the parent/guardian will be permitted as authorization for another individual to pick up the child. As soon as possible, the parent/guardian needs to update their emergency form information at the center.
5. In cases where the parent wishes to deny access to the non-custodial parent, they will be required to provide the program with appropriate copies of legal documentation (custody decree, restraining order, or termination of parental rights.)
6. In cases where there are concerns on the part of the custodial parent - but no legal documentation available, the Family Services staff will make appropriate referrals to Legal Aid or other legal counsel.
7. Staff must ask for a photo ID for any person(s) arriving at the center to pick up a child if no other staff may identify them. If this person is authorized to pick up the child, then staff may allow the child to leave with them.
8. If an adult shows up at a site that **cannot** have access to a child:
 - a) Staff will escort the adult to the office.
 - b) Staff will inform this person that there is documentation on file prohibiting access to that child.
 - c) If the adult refuses to leave, staff will contact the police.
 - d) Staff will contact custodial parent/guardian and inform them of the incident.
9. The original Children's Emergency Forms will be kept on the top of the left-hand side of the child's folder. Teachers will have copies for all children in their room.
10. A copy of the forms should be taken on field trips for every child that attends.

Pedestrian Safety



Even very young children need to be taught pedestrian safety. Some things you should talk with your child about include:

- ⇒ Remind your child(ren) to look for a crosswalk before crossing the street and to hold an adult's hand.
- ⇒ When crossing the street, stop at the curb or edge of the road. Look left, then right, and then left again for moving cars before crossing. Keep looking left and right until you are safely across the street.
- ⇒ If your area has sidewalks, teach your child(ren) to stay on them at all times.
- ⇒ Remind your child(ren) to wait for the car to come to a complete stop before approaching the vehicle.

Bus Safety



Riding on the Bus

- ⇒ Students must go to a seat and be seated immediately upon boarding.
- ⇒ Infants and toddlers riding with their student parent must be in approved car seats appropriate to their age and weight.
- ⇒ The bus will not move until all children are seated.
- ⇒ Students must remain seated while the bus is moving.
- ⇒ Students should keep arms, hands, legs and heads inside the bus at all times.
- ⇒ Fighting, scuffling and the use of profane or inappropriate language is not allowed.
- ⇒ The emergency doors and exit window controls should be used only during drills or actual emergencies.

Unloading from the Bus

- ⇒ All students will remain seated until the bus comes to a complete stop. DO NOT RUSH!
- ⇒ All students will move away from the bus immediately upon leaving the bus.
- ⇒ If a child must cross the street or road after getting off the bus, he/she should walk to the front of the crossing arm, then stop and look to the driver for a signal to cross in front of

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 West Texas Opportunities Early Head Start Program 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>.

ATTENTION!

Parents, Children, & Staff:



**No cell phones or electronic devices
while walking to the classroom, in the classroom,
or at the center.**

Again, welcome to our Program!

We are glad to have you with us.

You are the ones who give our program its meaning.



Thank you for being part of our program!