

## HOURS OF OPERATION

- The center is open from 6:00am to 6:30pm, Monday thru Friday and January thru December
- The following holidays are observed and the center will be CLOSED:
  - New Year's Eve and New Year's Day.
  - Good Friday
  - Memorial Day
  - Independence Day
  - Labor Day
  - Thanksgiving Day and the day after
  - Christmas Eve and Christmas Day.

## PROCEDURES FOR THE RELEASE OF CHILDREN

- Entering the Center – Please escort your child (ren) into the center and sign them in. Take them to the breakfast area or their assigned classroom where there is staff present. PLEASE DO NOT LEAVE YOUR CHILD (REN) UNATTENDED.
- Leaving the Center – Provide proper identification for pick up, (Texas Drivers License / ID Card). Once you have signed your child out and have entered your child's area, possession of your child has passed from the center staff back to you. PLEASE DO NOT ALLOW YOUR CHILD TO WANDER OFF UNATTENDED. If you have children of varying ages, we ask that you pick up the youngest child FIRST to eliminate the older children in the younger classrooms.
- WE CANNOT ALLOW CHILDREN TO ENTER OR EXIT THE CENTER UNLESS ACCOMPANIED BY AN ADULT.

## ILLNESS AND EXCLUSION CRITERIA

- We ARE NOT allowed to care for SICK children. If your child has a fever or a contagious disease, please keep them at home until they are well. If your child becomes sick while at the center, you will be contacted to come and pick your child up.
- If your school age child becomes sick while at school and you are requested to come and pick them up, please do not call and request that we go and pick them up. If your child becomes sick at school, they are not allowed to be dropped off at the center. If your school age child is sick and unable to go to school, they are unable to be dropped off at the center.
  - FEVER – defined by the child's age as follows, and until a medical statement indicates the child can return to care:
    - Infants and children – 6 weeks to 24 months  
Rectal temperature at or above 101.4 degrees Fahrenheit
    - Children older than 24 months  
Rectal, oral or axillary temperature at or above 100.4 degrees Fahrenheit
  - SIGNS OF POSSIBLE SEVERE ILLNESS – including unusual lethargy, irritability, persistent crying, difficult breathing, uncontrollable coughing, etc.
  - UNCONTROLLED DIARRHEA – defined as more stools than the child's normal pattern, with increased stool water or decreased form that is not contained by the diaper or toilet use.
  - VOMITING – two or more times in a 24 hour period, unless vomiting is caused by a non-communicable condition and the child is not in danger of dehydration.
  - MOUTH SORES WITH DROOLING – unless the child's physician or local health authority states the child is non-infectious in writing.
  - RASH WITH FEVER OR BEHAVIOR CHANGE – until a physician has determined the illness is not a communicable disease.
  - PINKEYE (CONJUNCTIVITIS) – unless the child's physician states the child is non-infectious in writing.
  - HEAD LICE – not until checked by Director or Assistant Director. We enforce a NO NIT policy. Your child can return 24 hours after treatment has been started and no nits are present.
  - TUBERCULOSIS – until the child's physician or local health department authority states the child is non-infectious in writing.
  - IMPETIGO – until 24 hours after the treatment has begun.
  - STREP THROAT (STREPTOCOCCAL PHARYNGITIS - ROSEOLA) – until 24 hours after treatment has begun and the child has been fever free for 24 hours.
  - RINGWORM / PINWORM INFECTION – until 24 hours after treatment has begun.
  - CHICKEN POX – until 6 days after onset of rash or until lesions have dried and crusted.
  - MUMPS – until 9 days after onset of parotid gland swelling.

- MEASLES – until 5 days after rash appears.
- RUBELLA – until 7 days after rash appears.
- HEPATITIS A VIRUS INFECTION – until 7 days after onset of illness, after immune serum globulin has been given to appropriate children and staff in the program, as directed by the local health department authority.

## **HEAD LICE NOTIFICATION**

- We do head checks in the classrooms on a weekly basis. As per Minimum Standards for Child-Care Centers, we must notify the parents of all children in a group when there is an outbreak of lice in the group. We enforce a NO NIT policy. Your child can return 24 hours after treatment has been started and no nits are present when checked by the Director or Assistant Director.

## **MEDICATION**

- Should you need for the center to administer medication (prescription or over-the-counter) to your child while in our care, you must first fill out the Medication Authorization form completely. All medications must be clearly marked with your child's name on it. D.F.P.S. requires that the Medication Authorization form is to be completed by the parent not our staff.
- Rocking Horse will not administer any prescription medication to a child other than the one the prescription was intended for. We also cannot administer more medication than what the label states. Rocking Horse only administers medication at 7:00am, 11:00am, and 3:00pm.

## **MEDICAL EMERGENCIES**

- In the event of an emergency we will notify the parent immediately. If the parent is unable to be reached we will contact the emergency contact person. From there we will transport the child to the doctor or hospital on the enrollment form. In the case of extreme emergency we will transport the child to the nearest hospital.

## **PARENTAL NOTIFICATIONS**

- Staff will immediately notify the parent or other person authorized by the parent when the child: is injured; has a sign or symptom requiring exclusion from the facility, or; has been involved in any situation which places the child at risk, such as, forgetting a child in the bus or not preventing a child from wandering out of the center.
- Staff will notify all parents of children in the facility when there is an outbreak of a communicable disease required to be reported to the State Department of Health. Staff will notify parents of children in a group when there is an outbreak of head lice or other infestation in the group.
- If policies change in any way you will be notified in writing.

## **DISCIPLINE AND GUIDANCE POLICY**

- Our discipline policy is individualized and consistent for each child; it is appropriate to the child's level of understanding; and directed toward teaching the child acceptable behavior and self-control.
- Our caregivers will only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which includes: using praise and 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 out from the immediate group, which is limited to no more than one minute per year of the child's age.
- There will 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; and requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age, including requiring a child to remain in a restrictive device.

## **SUSPENSION AND EXPULSION OF CHILDREN**

- When a child's teacher or an administrator has concerns about a child's behavior or other circumstances, he or she will document such concerns as soon as they arise. The Center will inform and involve the child's parents / guardians by notes, phone calls, and meetings, as necessary, to establish a collaborative environment.
- When appropriate, we may suggest an evaluation by a professional consultant to come in and observe the child. In some cases, it may be appropriate for the child to be assessed by the local school district child study team.
- Ultimately, the Center personnel will attempt a number of approaches before making the final decision to suspend or disenrollment a child from the program. If the behavior has not been resolved after all remedial actions have been exhausted, a conference will be held with the child's parent / guardian to communicate the Center's decision to disenrollment.
- We will do everything possible to work with you to avoid a child's disenrollment from the center. The following are some reasons why we would have to disenrollment a child or family from the center: Child unable to adjust to the program after a reasonable amount of time; Ongoing physical or verbal abuse to staff or other children; ongoing uncontrollable tantrums / angry outbursts; Excessive biting; A parent / guardian fails to abide by Centers policies or requirements imposed by the appropriate licensing agency; Non-payment of tuition; A parent / guardian demands special services that are not provided to other children and cannot reasonably be delivered by the program (This includes requests that depart from the philosophy of Rocking Horse Day Care Centers program).

- Immediate causes for Disenrollment: A parent / guardian is physically or verbally abusive or intimidating to Center staff, children, or anyone else at the Center; potentially dangerous behavior by a parent or child.

## **SAFE SLEEP FOR INFANTS 12 MONTHS OR YOUNGER**

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

- Always put infants to sleep on their backs unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415 and §747.2315]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415 and §747.2315].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415 and §747.2315].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must *not be attached* to a stuffed animal or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Infants that are awake will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2428 and §747.2328].

## **MEALS AND FOOD SERVICE PRACTICES**

- Weekly menus are posted on the wall beside the kitchen.
- Nutritious, well balanced meals prepared with a minimal amount of salt, sugar and fat are served on a daily basis. Our menus provide for Vitamin C daily and Vitamin A minimum of three times a week. We serve 1% and 2% milk based on the age of the child.
- We are on CACFP and provide breakfast, lunch and an afternoon snack.
- We also provide Similac Advance Formula, Rice Cereal, Oatmeal Cereal and Stage 2 baby food for our infants.
- Children will be encouraged, but not forced to eat. Recurring eating problems will be discussed with the child's parents.

## **IMMUNIZATION AND TUBERCULOSIS TEST REQUIREMENTS**

- Ensure that each child's immunization record includes the child's date of birth, the number of doses and types, and the date (month, day, and year) the child received each immunization. Compliance with this requirement is measured by one or more of the following for each child in care, including a caregiver's own child present in the facility:
- A dated record that the child has been immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, and Haemophilus influenza type b (Hib). There must be:
  - record with a rubber stamp or signature of the physician or health personnel;
  - machine or hand written copy of the immunization record.
- A dated statement from a licensed physician or other authorized health personnel that immunizations against at least one of the diseases have begun. The immunization series must be completed as soon as is medically feasible.
- A certificate or affidavit signed and dated by a physician duly registered and licensed to practice medicine in the U.S., stating that the required immunization would be injurious to the health and well-being of the child or a member of the child's family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid for only one year from the date signed by the physician and must be renewed every year for the exclusion to remain in effect.

- An affidavit signed by the parent or guardian stating that the immunization conflicts with the tenets and practices of a recognized church or religious organization of which the parent or guardian is an adherent.
- A dated statement signed by the child's parent that the child's immunization record is current and on file at the school the child attends. The name of the school must be included in the statement.
- An annual Report of the Immunizations Status of all children by age group must be submitted on the request of the Texas Department of Health.
- The Health Department sets the requirement for TB Testing. The Health Department is not requiring TB Testing at this time, but it could be required in the future.

## **VISION AND HEARING SCREENING REQUIREMENTS**

- The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for the following children who are enrolled in a child care center: First-time enrollees who are four years of age or older and all children enrolled in programs who are four years old by September 1<sup>st</sup> of each year will be screened for possible vision and hearing problems prior to completion of the first semester of enrollment or within 120 calendar days of enrollment, whichever is longest, or present evidence of screening conducted one year prior to enrollment.

## **ENROLLMENT PROCEDURES**

- There is a \$40.00 enrollment charge per family. This is a one time administrative fee. Upon paying the enrollment fee, you will be given an Enrollment Form, a Child Care Agreement, a copy of the Operational Policies, a Physician's Statement & Health / Immunization Records, a Media / Photography Consent and Release Form, a CACFP Enrollment Form and a CACFP Meal Benefit Income Eligibility Form. All forms must be completed and gone over with the center staff. A copy of your child's immunization record needs to be given to the center. A copy of your valid Texas Drivers License / ID Card for each person picking up your child(ren).
- Parents will be notified in writing of any and all policy changes.

## **TRANSPORTATION**

- **(KINGS MANOR)** We provide transportation to and from Brookwood Forest, Kings Manor and Porter Elem. schools.
- **(NEW CANEY)** We provide transportation to and from New Caney, Tavola, Oakley and Dogwood Elem. schools.
- **(PORTER)** We provide transportation to and from Bens Branch, Crippen, Sorters Mill, and Valley Ranch Elem. schools.
- **(SPLENDORA)** We provide transportation to and from Piney Woods, Peach Creek, Timberlake and Greenleaf Elem. schools.
- In order for your child to participate in activities that involve transportation a signed permission slip is required.

## **WATER ACTIVITIES**

- When children are swimming, a certified lifeguard will be on duty at all times. The swimming pool will have a fence around it so that there is no unsupervised access to the pool.
- The swimming pool will: have at least one lifesaving device; drain gates that are in place and in good repair that cannot be removed without using tools; not have chemicals that are accessible to the children; not have unlocked machinery rooms; and be built and maintained in accordance with the standards of the T.N.R.C.C. and any other applicable state and local regulations.

## **FIELD TRIPS**

- Field trips are considered an important part of the educational program and will be provided for children 4 years old and older from time to time. A field trip permission slip must be signed by the parent or guardian prior to the field trip taking place. A notice will be posted 48 hours in advance of the field trip.

## **ANIMALS**

- In order to have animals on the premises the center must:
  - Notify parents in writing when animals are or will be present;
  - Ensure the animals do not create unsafe or unsanitary conditions;
  - Ensure that children do not handle any animal that shows signs of illness, such as lethargy or diarrhea; and
  - Ensure that caregivers and children practice good hygiene and hand washing after handling or coming in contact with an animal and items used by an animal, such as water and food bowls, etc.

## **PROVIDING AND APPLYING INSECT REPELLENT AND SUNSCREEN**

- Insect repellent and sunscreen can be applied to your child as needed when they are outside. The parent will need to provide the insect repellent or sunscreen to the center and specify how and when they want the staff to apply it to their child(ren).

## **QUESTIONS OR CONCERNS**

- We welcome any questions or concerns about policies and procedures of the child care center. Parents are able to speak with the Director or Assistant Director to review and discuss matters at any time.

## **VOLUNTEERS (PARENTS TO PARTICIPATE)**

- Anyone can volunteer to assist at the child care center or on field trips. You must complete an 8 hour pre-certification and criminal history check prior to any participation. Please see the Director or Assistant Director for more details.

## **REVIEWING INFORMATION**

- You are entitled to see the following information. You may ask the Director to show you the most recent copy of:
  - Minimum standards for this licensed facility,
  - Facility documentation of liability insurance that complies with Human Resources Code, Section 42.0491,
  - Department of Family Protective Services' inspection / investigation report,
  - Fire marshal's inspection report,
  - Texas Department of Health's sanitation inspection report, and
  - Gas pipe inspection report.

## **CONTACT INFORMATION**

- Texas Health & Human Services Commission  
2017 N. Frazier  
Conroe, Texas 77301  
936-756-1551
- [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us)
- Child Abuse Hotline  
1-800-252-5400

## **EMERGENCY PREPAREDNESS PLAN**

- **Evacuation**
  - **(KINGS MANOR)** Our alternate area is Rocking Horse Day Care located at **23586 Partners Way Porter, Texas 77365.**
  - **(NEW CANEY)** Our alternate area is Rocking Horse Day Care located at **23586 Partners Way Porter, Texas 77365.**
  - **(PORTER)** Our alternate area is Rocking Horse Day Care located at **20297 FM 1485 W New Caney, Texas 77357.**
  - **(SPLENDORA)** Our alternate area is Rocking Horse Day Care located at **20297 FM 1485 W New Caney, TX 77357.**
  - In an emergency, the first responsibility of our staff is to move the children to a designated safe area or alternate shelter.
  - The children and teachers will be relocated using our school buses; this includes children younger than 24 months of age, children with limited mobility, and children who otherwise may need assistance in an emergency, including a child who is mentally, visually, or hearing impaired.
  - A safe area has been designated outside as well as inside the facility. It is posted on the evacuation plan in each classroom.
  - The teachers will account for every child using their daily attendance reports.
  - The Director / Asst. Director will take enrollment records to the alternate location.
- **Communication**
  - **(KINGS MANOR)** The emergency phone number is 281-330-0127.
  - **(NEW CANEY)** The emergency phone number is 281-932-7307.
  - **(PORTER)** The emergency phone number is 832-256-0872.
  - **(SPLENDORA)** The emergency phone number is 832-256-0801.
  - The Director / Asst Director will communicate with local authorities (such as fire, law enforcement, emergency medical services, health department), parents and Texas Department of Family and Protective Services through a landline or cellular telephone, email or website. If we can't reach our licensing representative we will call the Statewide Intake at 1-800-252-5400.
- **Essential Documentation**
  - The Director / Asst. Director will take enrollment records to the alternate location.
  - The teachers will account for every child using their daily attendance reports.
- **Continued Care**
  - The children will be cared for in the same manner that they are cared for in their normal daily routine.
- **Reunify Children with Parents**
  - The children will be reunified with their parents in accordance with the center policies once the evacuation, relocation, or sheltering / lock down is lifted.
- **Lockdown Drill**
  - All exterior doors will be locked immediately. Teachers will then line the children up on the classroom wall, turn out the lights and shut the classroom door. The classroom will stay in lockdown until the Director or Assistant Director gives the ok to go back to their regular schedule.

## **BREASTFEEDING**

- Parents have the right to breastfeed or provide breast milk for their child while in care. Human milk is the best source of milk for infants. Breastfeeding supports optimal health and development.
- A chair will be provided to the mother to sit and breastfeed her child along with water to help her stay hydrated.

## **PREVENTING AND RESPONDING TO ABUSE AND NEGLECT OF CHILDREN**

- Texas law requires caregivers to report suspected child abuse or neglect to the Texas Department of Family and Protective Services or law enforcement. Call 1-800-252-5400 to make confidential reports. Failure to report suspected abuse or neglect is a crime. Employers are prohibited from retaliating against caregivers who make reports in good faith.
- All caregivers must receive 24 clock hours of annual training / Director must receive 30 clock hours of annual training. At least one clock hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect, including: (1) factors indicating a child is at risk for abuse or neglect; (2) warning signs indicating a child may be a victim of abuse or neglect; (3) internal procedures for reporting child abuse or neglect; and (4) community organizations that have training programs available to child-care center staff members, children, and parents.
- Some prevention efforts are intended for everyone, such as public service announcements (PSAs) aimed at raising awareness about child maltreatment within the general population. Others are specifically targeted for individuals and families who may be at greater risk for child abuse or neglect.
- Prevention requires a continuum of strategies at the individual, relationship, community, and societal levels. Another key to success is providing prevention services that are evidence based or evidence informed.
- Public awareness activities are an important part of an overall approach to addressing child abuse and neglect. The purpose of public awareness activities is to raise community awareness of child abuse and neglect as a public issue and to provide the public with information about available resources and solutions. Such activities have the potential to reach diverse community audiences: parents and prospective parents, children, and community members, including professionals, who are critical to the identification and reporting of abuse.

## **CONDUCTING HEALTH CHECKS**

- A visual or physical assessment of a child to identify potential concerns about a child's health, including signs or symptoms of illness and injury, in response to changes in the child's behavior since their last date of attendance.

## **VACCINE-PREVENTABLE DISEASES**

- We recommend that all of our employees follow the Adult Immunization Schedule set forth by the CDC.
- The following vaccines are recommended for each employee to receive unless the employee is exempt from having:
  - Flu
  - Td / Tdap
  - MMR
  - Varicella

## **VISITING THE CENTER**

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

## **GANG-FREE ZONES**

- As a result of House Bill 2086 that passed during the 81<sup>st</sup> Legislature, Regular Session, Chapter 42 of the Human Resource Code includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed child care centers.
- **What is a 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. The gang-free zone is within 1000 feet of your child care center.
- **What is the purpose of gang-free zones?**
  - Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.
- **What does this mean for my day care center?**
  - A child care center must inform parents or guardians of children attending the center about the new gang-free zone designation. This means parents or guardians need to be informed that certain gang-related 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.