Community Partners

Early Childhood Development Center

Parent Handbook

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**Community Partners**

**Parent Handbook**

**Community Partners Fifth Ward**

3917 Collingsworth Houston, TX 77026

Phone (713) 674-5437, Fax (713) 674-0018

**Community Partners E.C.D.C**

4901 Lockwood Houston, TX 77026

Phone (713) 671-4185, Fax (713) 671-4186

**Welcome**

Thank you for choosing Community Partners. We feel honored that you have chosen to enroll your child(ren) with us.

Community Partners take pride in offering a diverse program, which allows your child(ren) to explore their natural abilities and academics in a rich nurturing environment through supervision.

We look forward to meeting you and your child(ren) as we embark on this new endeavor to prepare your child(ren) for development.

Community Partners

Play, Learn, and Grow Together

**Welcome to Community Partners**

On behalf of management and your fellow colleagues, we are excited that you have joined a great group of people who have made Community Partners the school it is today. We consider each of our employees a valued asset in the operation of the business and strive to make our company the best possible place to work. Your efforts and teamwork will contribute to helping us achieve this goal. We welcome you as an integral part of a professional organization committed to providing superior childcare to the community.

**Our Mission**

Our primary focus is two-fold: First, to allow teenage parents the opportunity to return to school and complete their education. Second, to provide an early intervention child development program for infants and children, so that they will excel beyond the current expectations of their environment and to offer a positive learning experience so that they will be more eager to continue learning at an accelerated level.

**Philosophy**

***“We are Professional in Specializing in Quality Childcare”***

We believe each Child is unique and special with the potential to grow and learn. Our developmentally appropriate environment is designed to provide learning opportunities that encourage curiosity, creativity, and spontaneity. These experiences are extended and enhanced through the guidance of our staff.

As childcare professionals, we understand the importance of the formative early years of childhood. The valuable experiences and opportunities for first-time achievements that are presented to young children lay the foundation for higher learning.

It is our objective to create a happy, warm and disciplined environment for our students. Therefore, we will strive to teach manners, fairness, courtesy, and respect for others, while remaining constantly alert to the well-being of our students.

***“Laying Foundation to Build a Child”***

**Our Mission**

Our primary focus is two-fold: First, to allow teenage parents the opportunity to return to school and complete their education. Second, to provide an early intervention child development program for infants and children, so that they will excel beyond the current expectations of their environment and to offer a positive learning experience so that they will be more eager to continue learning at an accelerated level.

**ATTENTION PARENTS**

**You are entitled to see the following information. You may ask the director to show you the most recent copy of:**

* **The Minimum Standards for this Licensed Center (*also available on the web at www.dfps.state.tx.us or at your local Licensing office*).**
* **The most recent Department of Family and Protective Services Inspection / Investigation Report, (*compliance information is also available on the web at www. dfps.state.tx.us or from your local Licensing office*).**
* **Documentation of liability insurance that complies with Human Resources Code, Section 42.049.**
* **The most recent Fire Marshal's Inspection Report**

* **The most recent Health Department's Sanitation Inspection Report**
* **The most recent Gas Pipe Inspection Report**
* **The Licensed Center’s operational policies.**

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**Department of Family and Protective Services**

**Child Care Licensing Division**

**Operational Times**

Community Partners operational hours are Monday – Friday 6:00 A.M – 7:00 P.M. The centers will be in operation each day except for the holidays listed below.

Community Partners special programs operational hours are 7:30am-3:00pm.

 **Community Partners centers are open throughout the year**.

In the event a holiday falls on a Saturday or Sunday, that day will be observed. The Friday before or Monday after, Notifications’ will be sent to parents in advance concerning closures.

**Please be informed that community parents follow HISD schedules. In the event HISD closes school due to bad weather we will also be closed.**

**Recognized Holidays**

**New Years Eve**

**New Years Day**

**Good Friday**

**Memorial Day**

**Independence Day**

**Labor Day**

**Thanksgiving and the following day**

**Christmas Eve**

**Christmas Day**

**Items Needed During Enrollment**

1. Community Partners Application.
2. Copy of current Immunization record.
3. Current wellness check by physician.
4. Negative Covid Test
5. Parents current identification card.

**Additional Supplies**

* All children 12 months and older are required to have their own personal toothpaste and toothbrush.
* All children are required to have their own sleeping mats.
* All additional supplies are the responsibility of the parent, Community Partners will not be responsible for these supplies.

**Uniform Policy**

Uniforms are mandatory for Community Partners. All children must wear uniforms at all times. School logo t-shirt may be worn every Friday with jeans. Each child should wear tennis shoes, rubber soled. Other closed shoes, or low-heeled shoes with socks.

**NO SANDLES OF ANY TYPE SHOULD BE WORN!**

**Fee Structure**

Community Partners does not have partial week enrollment. All children are expected to attend Monday through Friday. In the case of unavoidable circumstances resulting in absences, parents will be charged the current drop in daily rate for your child. The rate schedule will not be given out in a printed format to maintain financial privacy. The director will be happy to explain all tuition payments methods or discuss any special arrangements you may require.

**Fees and Payment Policies**

Your Fee of $\_\_\_\_\_\_weekly. All Fees must be paid by **cash ONLY.**

Fees are due on Monday of each week. They are considered past due on Tuesday at 12:01 A.M. On Tuesday there will be a $20.00 late fee plus $5.00 per day until paid in full. One day of attendance is considered a full week and tuition must be paid in full. If the child does not attend school for a week, half (1/2) of the tuition is due to hold your child’s spot. If you have an emergency whereas the child cannot attend school, the center needs to be informed immediately.

In the month of January, you will receive a year end statement for the fees you have previously paid. This statement will contain the centers Tax ID number for your tax purposes.

We accept Child Subsidies (Formerly known as NCI)

**Drop Off/Pick Up**

Community Partners is an early childhood center where education is a primary goal. Therefore, each child is expected to be prompt and regular in attendance. All children must arrive by 9:00 A.M. and be picked up no later than 5:00 P.M. Children in special programs must arrive by 9:00 A.M. and picked up no later than 3:00 P.M. Children must be picked up by their parent, legal guardian, or individual designated as an authorized person on the pickup list in the child’s folder. All parents need to ensure that their list of persons authorized to pick up their child/children is current and has a valid phone number and ID.

**Late Pick Ups**

Please notify the center if your child will depart after the stated time. A late fee will be applied at 5:01 P.M. of $20.00 and $2.00 fee per minute thereafter.

THERE IS NO EXTENDED CARE

**Health Policy**

**Immunization**

In accordance with the state law, you will be required upon admission of your child/children to submit a statement certifying their immunization record. A listing of any special health needs and the name of your child’s physician must be provided. You must have all immunizations records at the time of registration.

**WE DO NOT HAVE A VACCINE PREVENTION DISEASE POLICY**

**Employee Immunizations/Tuberculin Testing**

All students and staff will be required to have a TB skin test done anytime the Texas Department of Health and Human Services of Harris County Health requires it. At this time Community Partners does not require employees to obtain immunizations. In the event Harris County Health makes it requirement all staff will be required to obtain immunizations.

**Illness**

Every child will be observed for symptoms of illness. Any child showing symptoms of illness will be separated from the group. If his/her appearance warrants, the parents will be notified. Temperatures of 100 degrees Fahrenheit or above, diarrhea, or vomiting are examples of illnesses that will result in the center contacting the parent/guardian.

Upon contact with the parent/guardian the child is to be picked up immediately. The child will not be permitted back to school for 24 hours if he or she is showing signs of fever. If a child is seriously injured or becomes seriously ill, the center will administrate CPR and/or appropriate First Aid until EMT’s arrive. The center will call “911” immediately for assistance. The center will contact the parents as soon as possible with information received from the paramedics.

**Hearing and Vision Screening**

All students age 4 and older will be required to have a hearing and vision screening done once a year. If your child has the screening done at a private doctor, please provide a photo copy of results to centers administration office for your child’s file.

**Prescribed Medicine**

Community Partners only administers medication associated with breathing conditions. All breathing medications must be signed in the front office. All medications must contain a prescription label and be prescribed by a doctor with child’s full name and dosage information. Medication with expired expiration dates will not be administered. Medications are only administered by Centers Directors. Parents are not to leave medication with classroom staff or in backpacks.

**NO ORAL MEDICATION WILL BE ADMINISTERED**

**NO EXCEPTIONS**





**Illness and Exclusion Criteria**

Ill children must be removed from Community of Partners by parent/guardian within one (1) hour of being contacted by a Community Partners staff member.

**Fever:**

TDPRS regulations requires that any child with an oral temperature of 101 degrees (armpit 100) or greater be removed from Community Partners immediately within one (1) hour of contact of the parent/guardian. Children who are removed from Community Partners due to fever may not return until they are fever free for twenty-four (24) hours. When contacted by Community Partners, parent/guardian may request that fever-reducing medication (Tylenol, Motrin, etc.) be given to their child and the parent/guardian should indicate the dosage for their child. If dosage is not indicated, Community Partners will administer any such medication according to the “Packaging Information” which includes infant dosages as well. Only During an Extreme Emergency

**Vomiting**

All children will be excluded from attendance until vomiting ceases and no fever exists. Temperature does not need to be present for child to be excluded.

**Diarrhea**

Children will be excluded form attendance if it appears to be caused by viral infection. A viral infection will show up as loose water stools (2-4 per day) combined with mucus or blood flecks. Many infants will experience diarrhea if there is a problem with their formula or an adjustment to new food in their diet. As long as the diarrhea does not appear to be viral, the child will not be excluded.

**Head Lice**

Some head lice are highly contagious and spreads so easily in a day care setting. Community Partners had adopted a “No-Nits” policy as recommended by the NPA. Children with nits (lice eggs) or lice will be sent home immediately for treatment. Which should include very thorough combing to remove all nits. Upon the child’s return, we will continue to check for nits and if any are found, we will require the child to be removed for re-treatment and/or alternative treatment. A second treatment is recommended 7 -10 days later.

**Colds and Runny Noses:**

Many younger children in the area Community Partners is serving have problems with allergies, sinus, and ear infections. If the nasal discharge is clear or white it is allergy based and non-infectious. If the discharge is yellowish or green, infection is present, and the child would need treatment from a physician and cannot return until released from the physician’s care.

**Conjunctivitis (Pink Eye)**

Symptoms include red eyes, usually with some discharge or crust on the eyelids. The child must be excluded from attendance and can only return with a written statement form the child’s physician. The condition is highly contagious and will spread easily among children as well as adults.

**Impetigo:**

This is highly contagious and spreads easily. It appears on the skin that opens and becomes covered with yellowish crust. No fever exists, but the child must be excluded from care. The child may return with written statement from the child’s physician stating that treatment has begun, and all sores must be covered while in care.

**Varicella (Chicken Pox)**

The child will be excluded from attendance until all blisters have crusted over and a written statement from the child’s physician is provided. The sores do not have to be gone, as long as all blisters have crusted over, and no fever exist.

**Strep Throat**

The child will be excluded from attendance until 24 hours after antibiotics have begun and no fever exists and may only return with written statement from the child’s physician.

**Communicable Diseases (Mumps, Measles, etc.):**

Child will be excluded from care and may only return with a written statement from the child’s physician, stating the child is no longer contagious and has begun treatment.

Any child excluded from care will not be allowed to return to Community Partners during the same day. Children who have been ill and missed school or have been sent home the previous day will only be re-admitted after receiving a health check. If your child’s absence is due to illness, it is imperative the office is notified.

The following illness will exclude your child from care:

**Amebiasis**

Incubation Period: Commonly 2-4 weeks.

Signs and Symptoms: Intestinal disease may vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills. Parasite may disseminate to other internal organs.

Exclusion from Attendance: Yes

Readmission Criteria: After treatment is initiated.

Reportable Disease: Yes, call (800) 705-8868

Prevention, Treatment and Comments: Adequate, treatment is necessary to prevent/eliminate extra intestinal disease. Teach importance of hand washing. Relatively uncommon in the United States but can be acquired in developing countries. Spread by personal contact or through food and or drink.

*Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.*

**Campylobacteriosis**

Incubation Period: Range 1-10 days. Commonly 2-5 days.

Signs and Symptoms: Sudden onset of diarrhea, abdominal paid, fever, malaise, nausea, and vomiting.

Exclusion from attendance: Yes

Readmission Criteria: After diarrhea and fever subside.

Reportable Disease: Yes, call (800) 705-8868

Prevention, Treatment, and Comments: Teach importance of handwashing. Frequently a food-borne infection.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Cryptosporidiosis**

Incubation Period: 1-2 days. Commonly 7 days

Signs and Symptoms: Diarrhea, which may be profuse and watery, preceded by anorexia and vomiting in children. The diarrhea is associated with abdominal pain malaise, fever, nausea, and vomiting occur less often. Infection may be asymptomatic.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea subsides.

Reportable Disease: Yes Call (800) 705-8868

Prevention, Treatment and Comments: Teach importance of handwashing.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Escherichia coli (E. Coli) infection**

Incubation Period: 10 hours to 6 days in most cases: for E. coli O157:H7, commonly 3-5 days.

Signs and Symptoms: Profuse, watery diarrhea. Sometimes with blood and/or mucus, and abdominal pain. Fever and vomiting may occur. Some strains (such as E. coli O157:H7) may cause hemolytic uremic syndrome (HUS), resulting in kidney damage.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea and fever subsides

Reportable disease: Yes, if E. coli O157:H7 strain. Call (800)- 705-8868.

Prevention, Treatment and Comments: Teach importance of hand washing. Usually a food borne infection. Also spread by hand to mouth contact.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Fever**

Incubation Period: N/A

Signs and Symptoms: Oral temperature of 39 degrees Celsius (101 Fahrenheit) or greater. Measure when no antipyretics (an agent that reduces fever) are given.

Exclusion from attendance: Yes

Readmission Criteria: After fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: N/A

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Gastroenteritis Viral**

Incubation Period: Variable, usually 1-3 days

Signs and Symptoms: Nausea and diarrhea. Fever does not usually occur.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea subsides

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of good hand washing.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Glardiasis**

Incubation Period: Ranges 3-25 days or longer. Commonly 7-10 days

Signs and Symptoms: Gradual onset of nausea, bloating, pain and foul-smelling diarrhea. May recur several times over a period of weeks.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea subsides

Reportable Disease: No

Prevention, Treatment and Comments: Treatment is recommended. Teach importance of good hand washing. Can spread quickly in child-care facilities. Check household contacts for evidence of infection.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Hepatitis A**

Incubation Period: Ranges 15-50 days, commonly 25-30 days.

Signs and Symptoms: Most children have no symptoms; some have flu-like symptoms or diarrhea. Adults may have fatigue, nausea, and vomiting anorexia, and abdominal pain. Jaundice, dark urine, or diarrhea, may or may not be present.

Exclusion from Attendance: Yes

Readmission Criteria: One week after onset of illness.

Reportable Disease: Yes. Call (800) 705-8868

Prevention, Treatment and Comments: Vaccine available. Teach importance of hand washing. Immune globulin should be given to household contacts. If more than one case occurs in a child-care facility, immune globulin should be considered for all contacts at the facility.

**Influenza (Flu)**

Incubation Period: Commonly 1-3 days

Signs and Symptoms: Rapid onset of fever headache, sore throat, dry cough, chills, lack of energy, and muscle aches.

Exclusion from Attendance: Yes

Readmission Criteria: After fever subsides.

Reportable disease: No

Prevention, Treatment, and Comments: Vaccine available and recommended for children ages 6-24 months, and with certain chronic diseases, Anti-viral therapy available for patients with influenza type A.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Meningitis, Bacterial**

Incubation Period: Commonly 2-10 days

Signs and Symptoms: Sudden onset of high fever and headache, usually with vomiting.

Exclusion from attendance: Yes

Readmission Criteria: Until effective treatment and approval by HCW

Reportable Disease: Yes. Call (800) 705-8868

Prevention, Treatment and Comments: Prophylactic antibiotics may be recommended for family members and close contacts at child-care facility. Vaccine is available.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Meningococcal Infections: (meningitis, meningococcemia)**

Incubation Period: Range 2-10 days, commonly 3-4 days.

Signs and Symptoms: Sudden onset of fever, intense headache, nausea and often vomiting, stiff neck, and frequently a reddish or purplish rash on the skin or mucous membranes.

Exclusion from attendance: Yes

Readmission Criteria: Until effective treatment and approval by HCW

Reportable Disease: Yes. Immediately Call (800) 705-8868

Prevention, Treatment and Comments: Prophylactic antibiotics may be recommended for family members and close contacts at child-care facility. In an outbreak, vaccine may be recommended for persons likely to have been exposed.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Mononucleosis, Infectious (Epstein Barr Virus)**

Incubation Period: Commonly 30-50 days.

Signs and Symptoms: Variable infants and young children are generally asymptomatic. Symptoms when present, include fever, fatigue, swollen lymph nodes and sore throat.

Exclusion from attendance: Yes

Readmission Criteria: When a physician decides or after the fever subsides. Some children with fatigue may not be physically able to return to school (childcare) until symptoms subside.

Reportable Disease: No

Prevention, Treatment and Comments: Minimize contact with saliva or nasal discharges. Teach importance of hand washing. Sanitize surfaces and shared items.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Pertussis (Whooping Cough)**

Incubation Period: Range 6-21 days. Commonly 7-10 days.

Signs and Symptoms: Low-grade fever, runny nose, and cough lasting about two weeks, followed by paroxysmal coughing spells and “whoop” and inspiration.

Exclusion from attendance: Yes

Readmission Criteria: After completion of 5 days of antibiotic therapy.

Reportable Disease: Yes. Immediately call (800) 705-8868.

Prevention, Treatment and Comments: Vaccine available, Un-immunized contacts should be immunized and receive antibiotic prophylaxis. Adults with persistent cough greater than 2 weeks should be evaluated.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Salmonellosis**

Incubation Period: Range 6-72 hours, Commonly 12-36 hours.

Signs and Symptoms: Sudden onset of fever, abdominal pain, diarrhea and sometimes vomiting.

Exclusion from attendance: Yes

Readmission Criteria: After diarrhea and fever subside.

Reportable Disease: Yes. Immediately call (800) 705-8868.

Prevention, Treatment and Comments: Teach importance of hand washing. Frequently a food borne infection.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Shigellosis**

Incubation Period: Range 1-7 days. Commonly 2-3 days

Signs and Symptoms: Sudden onset of fever, vomiting, and diarrhea which may be bloody.

Exclusion from Attendance: Yes

Readmission Criteria: After diarrhea fever subside.

Reportable Disease: Yes, call (800) 705-8868

Prevention, Treatment and Comments: Teach importance of hand washing. It can spread quickly in childcare facilities.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Streptococcal Sore Throat and Scarlet Fever**

Incubation Period: Commonly 1-3 days

Signs and Symptoms: Fever, sore throat, often with large tender lymph nodes in neck. Scarlet fever producing strains of bacteria cause a fine rash that appears 1-3 days after onset of sore throat.

Exclusion from Attendance: Yes

Readmission Criteria: 24 hours after antibiotic treatment has begun and fever subsides.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of covering mouth when coughing or sneezing. Streptococcal throat can only be diagnosed with a laboratory test.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Tuberculosis, Pulmonary**

Incubation Period: Commonly 2-12 weeks

Signs and Symptoms: Gradual onset, fatigue, anorexia, fever, failure to fain weight, and cough.

Exclusion from Attendance: Yes

Readmission Criteria: After antibiotic treatment has begun AND a physician’s certificate or health permit obtained.

Reportable Disease: Yes. Call (800) 705-8868 within (1) working day.

Prevention, Treatment and Comments: All classroom contacts should have TB skin tests. Antibiotic prophylaxis recommended for newly positive reactors. Call the TB control program at your local health department for contact testing.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician****.*

**Chickenpox (varicella)**

Incubation Period: Range 2-3 weeks. Commonly 13-17 days.

Signs and Symptoms: Fever and rash that may appear first on head and then spread to body. Usually two or three crops of new blisters that heals, sometimes leaving scabs.

Exclusion from Attendance: Yes

Readmission Criteria: Seven days after onset rash. Immune compromised individuals should not return until all blisters have crusted over.

Reportable Disease: Yes. Call (800) 705-8868

Prevention, Treatment and Comments: Shingles is a reactivation of the varicella virus. Since contact with the virus may cause chicken pox in a susceptible child, it is recommended that a case of shingles be treated similar to a case of chickenpox. Vaccine available.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Conjuntivitis, bacterial or viral (Pink Eye)**

Incubation Period: Bacterial 1-3 days. Viral 12 hours to 12 days.

Signs and Symptoms: Red eyes, usually with some discharge or crusting around eyes.

Exclusion from Attendance: Yes

Readmission Criteria: Until effective treatment and approval by HCW

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of hand washing. Allergic conjunctivitis is not contagious and may be confused with bacterial and viral conjunctivitis.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Head Lice (Pediculosis)**

Incubation Period: Eggs hatch in 7-10 days.

Signs and Symptoms: Itching and scratching of scalp. Presence of pinpoint-sized white eggs(nits) that will not flick off the hair shaft and live lice.

Exclusion from Attendance: Yes, with live lice.

Readmission Criteria: After one medicated shampoo or lotion treatment has been given.

Reportable Disease: No

Prevention, Treatment and Comments: Second shampoo or lotion treatment is recommended in 7-10 days. Teach importance of not sharing combs, brushes, hats, and coats. Check household contacts for evidence of infestation.

**Impetigo**

Incubation Period: Variable. Usually 4-10 days

Signs and Symptoms: Blisters on skin, commonly hands and face, that open and become covered with yellowish crust. Fever does not usually occur.

Exclusion from Attendance: Yes

Readmission Criteria: After treatment has begun

Reportable Disease: No

Prevention, Treatment and Comments: Keep lesions covered. Teach importance of hand washing and keeping fingernails clean.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Measles (rubella)**

Incubation Period: Range 7-18 days; Commonly 8-12 days

Signs and Symptoms: Runny nose, watery eyes, fever, and cough. A blotchy red rash, which usually begins on the face, appears between the third and seventh day.

Exclusion from Attendance: Yes in an outbreak, unimmunized children should be excluded for at least two weeks after last rash onset.

-Readmission Criteria: Four days after onset rash.

Reportable Disease: Yes. Immediately call (800) 705-8868

Prevention, Treatment and Comments: Vaccine available.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Mumps**

Incubation Period: Range 12-25 days. Commonly 16-18 days.

Signs and Symptoms: Swelling over jaw in front of one or both ears. Pain in cheeks may worsen by chewing.

Exclusion from Attendance: Yes

-Readmission Criteria: After 9 days from onset of swelling.

Reportable Disease: Yes, Call (800) 705-8868

Prevention, Treatment and Comments: Vaccine available.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Ringworm of the Scalp**

Incubation Period: Commonly 10-21 days

Signs and Symptoms: Slowly spreading, balding patches on scalp with broken-off hairs.

Exclusion from Attendance: Yes

-Readmission Criteria: After treatment has begun.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of not sharing combs, brushes, hats and coats. A fungal infection.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Rubella (German Measles)**

Incubation Period: Range 14-23 days. Commonly 16-18 days.

Signs and Symptoms: Cold-like symptoms. Swollen, tender glands at the back of the neck, fever, changeable pink rash on face and chest.

Exclusion from Attendance: Yes

Readmission Criteria: Seven days after onset rash. In an outbreak, un-immunized children and pregnant women should be excluded for at least three weeks after last rash onset.

Reportable Disease: Yes. Call (800) 705-8868 within (1) working day.

Prevention, Treatment and Comments: Vaccine available.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Scabies**

Incubation Period: First infection 2-6 weeks. Repeat infection 1-4 days.

Signs and Symptoms: Small, raised, red bumps or blisters on skin with sever itching. Often the thighs, arms, and webs of fingers.

Exclusion from Attendance: Yes

Readmission Criteria: After treatment has begun.

Reportable Disease: No

Prevention, Treatment and Comments: Teach importance of not clothing. May have rash after treatment but will subside.

***Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician.***

**Non-Immunization Requirement**

It is a requirement at this facility that all children be immunized. There are no exceptions.

**Special Needs Students**

Community Partners will make every effort to meet the needs of your child physically, emotionally, intellectually, and socially within our abilities based on our staffing, ratio, and facility resources. We will work with families in making necessary plans to accommodate your child in our program.

**Challenging Behavior Policy**

Community Partners has a strict policy regarding challenging behaviors. “Take a break” or the relaxation corner may not always be suitable. A child may need to be removed from the classroom in the event a particular situation has caused the child to become overwhelmed or violent. If these actions do not help in reducing or changing behavior the following will take place. Staff will report behavior and what strategies have been attempted to the director. The director will observe the child and meet with the lead teacher to develop a behavior management plan. The plan will be discussed with the parent and put into place. The director, teachers, and parent will evaluate the behavior plan in the event adjustments need to be made. If the behavior continues the child will be removed from the classroom and or program when applicable.

**S-FI-03**

As your child’s most important influence, you are a full partner in our program. Open and frequent communication between you, your child’s teachers, and the director will strengthen the partnership to have a positive early learning experience. We promote close communication through an open-door policy. Family/teacher communication to share ideas to discuss your child’s progress. Daily sheets are included when the child goes home daily. Conversation and frequent updates highlighting your child’s development in person and through paper or through our app. Newsletters published by your center about your center’s news and events.

**Breastfeeding Resources**

**The Women’s Hospital of Texas**

Breastfeeding can be both rewarding and challenging. Learning the basics puts you and your baby on the path to success. We strongly encourage attendance by your spouse or support person. For more information, please visit the following link: <https://womanshospital.com/service/breastfeeding-classes-and-support>

**Houston Methodist Leading Medicine**

Prenatal Breastfeeding class information:

This class offers basic information on nursing your infant. Learn effective ways to successfully breast-feed. The program will include a variety of topics, including use of breast pumps, remedies to feeding problems and ensuring your infant is getting enough to eat. Call for dates and times: 281-737-2006

**Mom to Mom Connection**

Informal, free program for breast-feeding moms. Our lactation consultant will help problem-solve and offer tips on returning to work with continued breast-feeding. Babies are welcome. Meets the first Wednesday of each month at 10:00 AM in the Cypress Room, first floor. Call for additional information: 888-834-8565

**Breast Pumps and Breastfeeding Supplies**

Breast pumps are available for rent or purchase in the gifts from the Heart gift Shop located on the first floor of the hospital Monday through Friday from 9:00 a.m. – 5:30 p.m. (281-737-4438)

For more information, please visit: <https://www.houstonmethodist.org/womens-services/>

**WIC Breastfeeding Resources**

WIC mothers are strongly encouraged to breastfeed their infants unless there is a medical reason not to. All WIC staff are trained to promote breastfeeding and provide the necessary support new breastfeeding mothers and infants need for success. WIC State and local agencies are required by WIC Program regulations to create policies and procedures to ensure breastfeeding support and assistance is provided throughout the prenatal and postpartum period, particularly when the mother is most likely to need assistance. For more information, please visit: <https://www.fns.usda.gov/wic/breastfeeding-priority-wic-program>

**La Leche League of Texas**

La Leche League is an international, non-profit, non-sectarian organization dedicated to providing education, information, support, and encouragement to women who want to breastfeed. Accredited by La Leche League International, volunteer Leaders are experienced breastfeeding mothers who are familiar with current research in all aspects of breastfeeding. La Leche League of Texas provides mother-to-mother support Group meetings at locations across the state, and volunteer Leaders are available to provide breastfeeding information and support over the phone and via email. All women interested in breastfeeding are welcome to attend meetings or contact Leaders for breastfeeding information and support. For more information, please visit <https://www.texaslll.org/lll-of-texas/>.

**Gulf Coast Regional Medical Center**

For more information on classes and events at Gulf Coast Regional Medical Center or to register, call 1-850-747-3600 or <http://gcmc-pc.com/calendar/registration.dot> to search for upcoming classes.

**Motherhood Center**

The Motherhood Center offers many breastfeeding classes to smooth the transition into breastfeeding. Classes are on select Thursdays and Saturdays for expectant moms and her partner. Breastfeeding is very beneficial to the newborn but can sometimes be frustrating to the new mom! Education in proper breastfeeding positions is key to ensure success once baby is born.The breastfeeding class at Motherhood Center is taught by Renee Bowling RN, Certified Lactation Educator. She offers information on learning the art of breastfeeding. Topics include breastfeeding benefits, how to be comfortable and get started, hospital policies and how they impact breastfeeding, positioning the baby at the breast, and how to be sure your baby is getting enough milk. For more information, please visit <https://www.motherhoodcenter.com/pregnancy-parenting-classes/breastfeeding/>.

**Cypress Fairbanks Medical Center Hospital**

Breastfeeding is a great way to get your baby’s life off to a healthful start. Take advantage of breastfeeding classes, lactation consultants, support groups, and other people who can help make breastfeeding a wonderful experience for you and your new baby. For more information, please visit <https://cyfairhospital.com/hl/?/101230/Breastfeeding>.

**Breast Feeding Resources**

<https://www.womenshealth.gov/breastfeeding/breastfeeding-resources>

**Medical Emergency Plan**

**In the event of a medical emergency, procedures are as follow:**

1. Appoint someone to call 911 and inform the dispatcher of the emergency and/or symptoms.
2. Attend the patient and make as comfortable as possible.
3. Appoint someone to call the parent or guardian.
4. Transport patient to ER even if problem has been resolved.
5. The director or person in charge will accompany the patient to the hospital. That person will wait in the ER with the patient until the parent and/or guardian has arrived.

**Physical Activity**

We play both in and outdoors every day that the weather permits. When the weather keeps us inside, we find safe and fun ways to get active indoors. Our playgrounds include outdoor spaces and equipment designed for active play and exploration which keeps kids learning while getting exercise and fresh air. Playground activities gives children opportunities to develop large motor skills, have exposure to fresh air, and learn about nature.

**Screen Time**

At times children 2 years old and older may have screen time included in learning activity when it is appropriate. Screen time will not exceed 1 hour daily. At all times, the TX childcare licensing rule toward screen time will be implemented screen time related to learning the allotted time and age allowed by the State and Screen time will not be provided for any age group during nap or mealtimes.

**Procedure Updates**

Community Partners informs parents of events, daily activities, and any changes via memos, phone calls, emails, texts, and person to person communication. If a parent has any concerns or questions they may request a meeting with the director. It is extremely important for parents to keep the center informed of any changes to their personal contact information using the following methods:

1.Come in and change the info directly on your child’s info sheet.

2. Write information in the “Update Info Book” and we will transfer information to your child’s folder. The binder is checked daily.

3.Call the center and convey to office staff

4.Email the director at alice\_kirkmon@yahoo.com





Community Partners Transportation Services

**Do Not Provide Car Seats for Children**

Any child ages 0-8 years of age are required by the State of Texas to be transported in age-appropriate car seats. If you’re not sure what type of car seat is appropriate for your child, go to [www.johnsonbaby.com](http://www.johnsonbaby.com).

When providing the car seat for your child/children, you can put them on daily and remove them daily.

To honor the State of Texas along with Community Partners rules and regulations**, any child without the appropriate car sear will not be transported.**

I have read and understand the rules and regulations of Community Partners Transportation Department along with the State of Texas, I agree to follow them as instructed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Parent/Guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**Parent Notification/Communication**

Parents will be notified of activities, policy changes, improvement etc. via posting in general areas of the facility. The center will also send out automated phone messages informing parents of important information. In efforts to ensure that all parents get necessary information memos will be sent home with students. In the event there is an amendment and ask to sign acknowledgement form.

Parents are required to take an active role in the day to day routine of their child/children. Community Partners has an open-door policy and parents are free to come into the facility at any time. If you will be visiting the center frequently, volunteering your time and service to the center you must follow the volunteer procedures. All volunteers must have a criminal background check performed before being allowed to interact with the students other than your own child. For more information concerning volunteering, please see front office staff.

Parents can always speak with center director regarding cents policies and procedures. This can be done by scheduling an appointment with the director. If this is an emergency that needs immediate action, please notify the center’s director via office phone 713-674-4185 / 713-674-5437 or email akirkmon@yahoo.com.

Parents are always welcome to review a copy of the State of Texas Minimum Standard guide. Please see front office personnel to view. All city and state compliance reports are available for parent’s review. These compliance reports will be located in the front entrance area of the center. If you have questions or concerns about reports, please speak directly with the center’s director.

**Texas Department of Family and Protective Services**

You mat contact the local Child Care Licensing office at 223 W. Loop, Houston, Texas 77027, or you may call 713-940-5200 for my most recent Licensing inspection report and/or ask question about the Minimum Standard Rules for Registered and Licensed Child Care Centers. You may obtain information regarding other operations in the area by going online to [www.dfps.state.tx.us](http://www.dfps.state.tx.us).

Or all Child Abuse Hot Line at 1-800-252-5400



**Preventing and Responding to Abuse and Neglect of Children**

**Child Abuse Training for Directors and Caregivers**

**HOW DO I KNOW IF IT'S ABUSE OR NEGLECT?**

DFPS uses definitions of abuse and neglect found in the Texas Family Code (TFC): http://www.statutes.legis.state.tx.us/Docs/FA/htm/FA.261.htm

DFPS defines abuse and neglect as the following acts or omissions by a person:

**Physical injury** that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including any injury that is at variance with the history or explanation given. This does not include an accident or reasonable discipline by a parent, guardian, or managing possessory conservator that does not expose the child to a substantial risk of harm. See TFC 261.001 (1)(C).

**Sexual conduct** harmful to a child's mental emotional, or physical welfare, including conduct that constitutes the offense of continuous sexual abuse of young child or children under Section 21.02, Penal Code, indecency with a child under Section 21.11, Penal Code, sexual assault under Section 22.011, Penal Code or aggravated sexual assault under 22.021, Penal Code. See TFC 261.001(E).

**Mental or emotional injury** to a child that results in observable and material impairment in the child's growth, development, or psychological functioning. See TFC 261.001(1)(A) & TFC 261.001(1)(B).

**Neglect** includes the following acts or omissions by a person:

Placing a child in or failing to remove a child from a situation in which a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child. See TFC 261.001(B)(i).

Failing to seek, obtain, or follow through with medical care for a child with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of a child. See TFC 261.001(B)(ii).

The failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services have been offered and refused. See TFC 261.001(B)(iii).

**WHAT IF I'M NOT SURE IF IT'S ABUSE OR NEGLECT?**

While it would be ideal to have a clear-cut guide that would determine whether any given situation constitutes abuse or neglect, there are many factors that determine whether a situation warrants an investigation. When in doubt, always err on the side of the child’s safety by making a phone or

Internet report to the Texas Abuse Hotline.

**HOW DO I MAKE A REPORT?**

Telephone

You may call the Texas Abuse Hotline at 1-800-252-5400 to report abuse or neglect. The hotline is answered by DFPS Intake Specialists (who are all degreed professionals) 24-hours a day, 365-days a year.

**If the child is in immediate danger, call 9-1-1 or your local police first, then call the Texas Abuse Hotline to make a report.**

**Internet**

You may also report your allegations to DFPS through the Internet at <http://www.txabusehotline.org>. If you choose to submit an internet report, you must provide your name and a valid e-mail address.

The Internet Reporting System should NOT be used in urgent or emergency situations, including but not limited to:

* + Injuries to a child 5 or under
	+ Serious injuries to any child
	+ Immediate need for medical care (including a suicidal child)
	+ Sexual abuse where the perpetrator has access, or will have access, to the child within the next 24 hours
* Children 5 and under who are alone, or are likely to be left alone, within the next
* 24 hours
* Any other situation you feel requires a response in less than 24 hours

**WHAT INFORMATION DO I NEED TO MAKE A REPORT?**

* The names of as many household members of the alleged victim as possible
* The name(s) of alleged perpetrator(s)
* The names of any other people ("collaterals") who may have information about
* the alleged abuse or neglect
* For each of the persons above, please provide as much of the following information as
* possible:
* Name, date of birth (preferred) or age, Social Security number, race/ethnicity, and
* marital status
* Home address, contact phone number(s)
* Work/school/daycare name, address, and phone number
* Special needs

Concerns and specific details about the abuse and/or neglect

**IS MY INFORMATION KEPT CONFIDENTIAL?**

Anyone reporting allegations of abuse or neglect to the Texas Abuse Hotline or texasabusehotline.org is immune from civil or criminal liability as long as the report is made in good faith. A reporter's name is also confidential and will not be provided directly to the accused person by any DFPS employee.

However, DFPS is required to disclose a reporter's identity to law enforcement when they initiate a criminal investigation into the allegations of abuse or neglect; to a court if instructed to do so under a court order; or to another state agency if the matter that you are reporting falls under their jurisdiction.

DFPS is required to automatically notify law enforcement in writing of all reports of child abuse or neglect. However, the reporter's identity and contact information is not disclosed during these routine notifications. A reporter's identity will only be disclosed if one of the above scenarios applies.

**WHO IS REQUIRED TO REPORT ABUSE & NEGLECT?**

In Texas, anyone who suspects that a child is being abused or neglected has a legal obligation to report it. Professional reporters are required to report allegations within 48 hours of first suspecting abuse or neglect. By law, professionals may not delegate the duty to report to another person or entity or rely on another person or entity to make the report.

A professional reporter is anyone who is licensed or certified by the state or works for an agency or facility licensed or certified by the state and has contact with children as a result of their normal duties.

Professional reporters include, but are not limited to:

* Teachers
* Nurses
* Doctors
* Day-care employees
* Employees of a clinic or health care facility that provides reproductive services
* Juvenile probation officers
* Juvenile detention or correctional officers

**For more information, please visit the DFPS Web site.**

**Physical Abuse**

Physical abuse is generally defined as “any nonaccidental physical injury to the child” and can include striking, kicking, burning, or biting the child, or any action that results in a physical impairment of the child.

A child who's being abused may feel guilty, ashamed or confused. He or she may be afraid to tell anyone about the abuse, especially if the abuser is a parent, other relative or family friend. In fact, the child may have an apparent fear of parents, adult caregivers or family friends. That's why it's vital to watch for red flags, such as:

* Withdrawal from friends or usual activities
* Changes in behavior — such as aggression, anger, hostility or hyperactivity — or changes in school performance
* Depression, anxiety or unusual fears or a sudden loss of self-confidence
* An apparent lack of supervision
* Frequent absences from school or reluctance to ride the school bus
* Reluctance to leave school activities, as if he or she doesn't want to go home
* Attempts at running away
* Rebellious or defiant behavior
* Attempts at suicide

Specific signs and symptoms depend on the type of abuse and can vary. Keep in mind that warning signs are just that — warning signs. The presence of warning signs doesn't necessarily mean that a child is being abused.

**Sexual Abuse**

Sexual abuse is when a child is engaged in a sexual situation with an adult or an older child. Sometimes this mean direct sexual contact, such as intercourse, other genital contact or touching. It can also mean that the child is made to watch sexual acts, look at an adult’s genitals, look at pornography or be part of the production or pornography. Children are usually not forced into the sexual situation. Instead, they are persuaded, bribed, tricked or concerned.

**A Child Who Is Sexually Abused May:**

* Fear a certain person or certain places.
* Give an unusual or unexpected response when asked if someone has touched him or her. Have an unreasonable fear of physical exam.
* Create drawings that show sexual acts or that seems overly focused on body parts that may be involced in sexual activity. (e.g. genitals, breast, mouth, and anus)
* Seem preoccupied with or overly concerned about genitals and sexual acts and words.
* Run Away
* Wet or soiled the bed (when the child wasn’t previously doing these things)

**Different Types of Sexual Abuse**

* Indecent Exposure / Exhibitionism
* Exposing children to pornographic material
* Deliberately exposing a child to the act of sexual intercourse
* Masturbation in front of a child

**Touching Sexual Offenses Include**

* Fondling
* Making a child touch an adult’s sexual organs
* Any penetration of a child’s vagina or anus by an object that doesn’t have a medical purpose.

**Sexual Exploitation Offenses Include:**

* Using a child to film, photograph or model pornography. Engaging a child for purposes of prostitution.

**What Should I Look for If I Suspect A Child Is Being Sexually Abused**

*Pre-school children (0-5) years commonly:*

* Use childish ‘sexual’ language to talk about body parts
* Ask how babies are made and where they come from
* Touch or rub their own genitals
* Show and look at private parts

They rarely: Discuss sexual acts or use sexually explicit language. Have physical sexual contact with other children. Show adult-like sexual behavior or knowledge

*School-age children (6-12 years) commonly:*

* Ask questions about menstruation, pregnancy and other sexual behavior
* Experiment with other children, often during games, kissing, touching, showing and role playing e.g. mums and dads or doctors and nurses
* Masturbate in private

They rarely: Masturbate in public. Show adult like sexual behavior or knowledge

*Adolescents:*

* Ask questions about relationships and sexual behavior
* Use sexual language and talk between themselves about sexual acts
* Masturbate in private
* Experiment sexually with adolescents of similar age
* About one-third of adolescents have sexual intercourse before the age of 16.

They rarely: Masturbate in public. Have sexual contact with much younger children or adults

**Physical Indicators of Abuse**

**Bruises:**

* On body posterior
* Unusual patterns
* In clusters
* On Infants
* Multiples in various stages of healing

**Burns:**

* Immersion burns doughnut shaped on the buttocks
* Cigarette burns: hands and feet
* Rope burns from confinement
* Dry burns caused by iron

**Lacerations and Abrasions**

* Lacerations of the lip, eye, or any portion of an infant’s face (i.e., tears in the gum tissue which may have been caused by force feeding).
* Any laceration or abrasion to external genitalia.
* Lacerations or abrasions on the torso or back.

**Skeletal Injuries**

* Metaphyseal or corner fractures of long bones—a kind of splintering at the end of the bone (these are caused by twisting and pulling).
* Epiphyseal separation—a separation of the growth center at the end of the bone from the rest of the shaft (caused by twisting or pulling).
* Periosteal elevation—a detachment of the periosteum from the shaft of the bone with associated hemorrhaging between the periosteum and the shaft (also caused by twisting or pulling).
* Spiral fractures—fractures that wrap or twist around the bone shaft (caused by twisting or pulling).

**Head Injuries**

* Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling.
* Subdural hematomas—hemorrhaging beneath the outer covering of the brain (due to shaking or hitting).
* Retinal hemorrhages or detachments (due to shaking).
* Jaw and nasal fractures.

**Internal Injuries**

* Duodenal or jejunal hematomas—blood clots of the duodenum and jejunum (small intestine) (due to hitting or kicking in the midline of the abdomen).
* Rupture of the inferior vena cava—the vein feeding blood from the abdomen and lower extremities (due to kicking or hitting).
* Peritonitis—inflammation of the lining of the abdominal cavity (due to a ruptured organ, including the vena cava).

**Injuries should be considered to be indicators of abuse in light of:**

* Inconsistent medical history.
* The development abilities of a child to injure itself.
* Other possible indicators of abuse.

**What is Child Neglect**

Child neglect is failure to provide adequate food, shelter, affection, supervision, education or medical care.

**Emotional Neglect**

Emotional neglect is the failure to provide adequate nurturing and affection to a child or the refusal or delay in ensuring that a child receives needed treatment for emotional or behavioral problems. Emotional neglect may also involve exposure to chronic or extreme domestic violence.

**Educational Neglect**

Educational Neglect” refers to a parent’s failure to provide for a child’s basic needs with regards to school and education. In most cases, this refers to younger children who are still claimed as dependents of the parent. It can also include any adult who is legally responsible for the child, such as a stepparent, legal guardian, or custodian of the child. Educational neglect is often classified under child abuse and neglect laws.

**Medical Neglect**

Medical neglect is defined as a parent’s failure to provide adequate medical or dental care for their child, especially when it is needed to treat a serious physical injury or illness. In some cases, this can also include a failure to provide for psychiatric care if the child needs it. Also, some jurisdictions may hold other parties liable for medical neglect, such as custodians or guardians who have a legal duty to care for the child.

Emotional Abuse

Child emotional abuse is an often-misunderstood form of trauma that can cause damage to a child’s developing brain, leading to long-term learning difficulties, problematic behaviors, and increased incidences of physical and mental health issues. The emotional abuse of children may be the most damaging form of maltreatment, affecting their emotional and physical health as well as their social and cognitive development.

Types of Emotional Abuse

**Rejection**

Parents or caregivers who display rejecting behavior toward a child will often [purposefully or unconsciously] let a child know, in a variety of ways, that he or she is unwanted. Putting down a child's worth or belittling their needs are some ways this type of emotional abuse may manifest. Other examples can include telling a child to leave, or worse, to get out of your face, calling him names or telling the child that he is worthless, making a child the family scapegoat or blaming him for family/sibling problems. Refusing to talk to or hold a young child as he grows can also be considered abusive behavior.

**Ignoring**

Adults who have had few of their emotional needs met are often unable to respond to the needs of their children. They may not show attachment to the child or provide positive nurturing. They may show no interest in the child or withhold affection or even fail to recognize the child's presence. Many times, the parent is physically there but emotionally unavailable. Failing to respond to or consistently interact with your child constitutes emotional and psychological abuse.

**Terrorizing**

Parents who use threats, yelling and cursing are doing serious psychological damage to their children. Singling out one child to criticize and punish or ridiculing her for displaying normal emotions is abusive. Threatening a child with harsh words, physical harm, abandonment or in extreme cases death is unacceptable. Even in jest, causing a child to be terrified using threats and/or intimidating behavior is some of the worst emotional abuse. This includes witnessing, hearing or knowing that violence is taking place in the home.

**Isolating**

A parent who abuses a child through isolation may not allow the child to engage in appropriate activities with his or her peers; may keep a baby in his or her room, unexposed to stimulation or may prevent teenagers from participating in extracurricular activities. Requiring a child to stay in his or her room from the time school lets out until the next morning, restricting eating, or forcing a child to isolation or seclusion by keeping her away from family and friends can be destructive and considered emotional abuse depending on the circumstances and severity.

**Corrupting**

Parents who corrupt may permit children to use drugs or alcohol, watch cruel behavior toward animals, watch or look at inappropriate sexual content or to witness or participate in criminal activities such as stealing, assault, prostitution, gambling, etc. Encouraging an underage child to do things that are illegal or harmful is abusive and should be reported.

**Exploiting**

Exploitation can be considered manipulation or forced activity without regard for a child's need for development. For instance, repeatedly asking an eight-year-old to be responsible for the family's dinner is inappropriate. Giving a child responsibility that are greater than a child of that age can handle or using a child for profit is abusive.

**Why Do Adults Hurt Children**

It takes a lot to care for a child. A child needs food, clothing and shelter as well as love and attention. Parents and caregivers want to provide all those things, but they have other pressures, too. Sometimes adults just can't provide everything their children need.

Adults may not intend to hurt the children they care for. But sometimes adults lose control, and sometimes they hurt children.

Adults may hurt children because they, lose their tempers when they think about their own problems. Don't know how to discipline a child. Expect behavior that is unrealistic for a child's age or ability. Have been abused by a parent or a partner. Have financial problems. Lose control when they use alcohol or other drugs.

**Ten Ways to Help Prevent Child Abuse**

1. **Volunteer your time.** Get involved with other parents in your community. Help vulnerable children and their families. Start a playgroup.
2. **Discipline your children thoughtfully**. Never discipline your child when you are upset. Give yourself time to calm down. Remember that discipline is a way to teach your child. Use privileges to encourage good behavior and time-outs to help your child regain control.
3. **Examine your behavior.** Abuse is not just physical. Both words and actions can inflict deep, lasting wounds. Be a nurturing parent. Use your actions to show children and other adults that conflicts can be settled without hitting or yelling.
4. **Educate yourself and others**. Simple support for children and parents can be the best way to prevent child abuse. After-school activities, parent education classes, mentoring programs, and respite care are some of the many ways to keep children safe from harm. Be a voice in support of these efforts in your community.
5. **Teach children their rights.** When children are taught they are special and have the right to be safe, they are less likely to think abuse is their fault, and more likely to report an offender.
6. **Support prevention programs.** Too often, intervention occurs only after abuse is reported. Greater investments are needed in programs that have been proven to stop the abuse before it occurs - such as family counseling and home visits by nurses who provide assistance for newborns and their parents.
7. **Know what child abuse is**. Physical and sexual abuse clearly constitute maltreatment, but so does neglect, or the failure of parents or other caregivers to provide a child with needed food, clothing, and care. Children can also be emotionally abused when they are rejected, berated, or continuously isolated.
8. **Know the signs**. Unexplained injuries aren't the only signs of abuse. Depression, fear of a certain adult, difficulty trusting others or making friends, sudden changes in eating or sleeping patterns, inappropriate sexual behavior, poor hygiene, secrecy, and hostility are often signs of family problems and may indicate a child is being neglected or physically, sexually, or emotionally abused.
9. **Report abuse**. If you witness a child being harmed or see evidence of abuse, make a report to your state's child protective services department or local police. When talking to a child about abuse, listen carefully, assure the child that he or she did the right thing by telling an adult, and affirm that he or she is not responsible for what happened.
10. **Invest in kids**. Encourage leaders in the community to be supportive of children and families. Ask employers to provide family-friendly work environments. Ask your local and national lawmakers to support legislation to better protect our children and to improve their lives.





**Parent & Staff Awareness**

We are dedicated to building positive relationship with parents and staff. Community Partners will host a quarterly awareness seminar which will cover topics concerning child abuse and neglect, Gang Free Zone Awareness. In addition, parents will also receive written information on these subjects.

**Child Abuse and Neglect**

Community Partners maintains a safe and pleasant environment for each child enrolled. Teachers will perform body checks on each student daily, making sure there are not any strange marks or bruises on children. Staff is also trained to detect other forms of abuse through observation of the children. If anytime Community Partners staff feels that a child is being abused or neglected in any form, we will contact the proper authorities. We will continue to provide information to out staff and parents concerning child abuse and how it can be prevented and detected. Please see attachment “Keeping Children Safe”.



**Meals**

Breakfast, lunch, and snacks are served at no cost to the parents/guardians. The center is currently on the Food Nutrition Program, which is governed by the State of Texas. In your child’s enrollment application, there is an application for the Food Nutrition Program. This form must be filled out in order to receive breakfast, lunch, and snack.

**Breastfeeding**

All parents that are breastfeeding will be allowed to go into the restroom during operation hours to breastfeed their baby. Parents are welcome to provide package breast milk to the center for storage for your child.

**Transportation**

Transportation is courtesy service provided by the facility on a first come first serve basis. We will only pick up and drop off at designate locations. All students must be released to an adult 18 years of age and older who is listed on the transportation authorization log.

Children under 1 year old will not be transported unless the parent is a high school student and is riding with his/her child. Parents or authorized person must strap child when loading and unloading the bus from and to home. Drivers are not allowed to exit the bus at no time to strap children in. A parent or authorized person must be able to except child at home no later than 5:15pm. All children transported while at the center, will use seatbelts in the appropriate type of sears for each child’s weight and/or age.

**Day Care Property**

Any child/children that destroys Community Partners property, parents will be responsible for replacing property or will be responsible for repair bill.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Partners

Parent Handbook Addendums

**Nutrition**

Liquids and food hotter than 110 degrees F are kept out of reach.

Our staff is educated on food allergies, and they take precautions to ensure children are protected. Food and treats brought into the center to be shared amongst children must be store bought.

Snacks are provided for school-aged children when they arrived for the After- School Program. Milk, fruit and vegetables are available to all children at meal times.

Lunches brought from home will be refrigerated and warmed-up as needed.

Our menus meet USDA guidelines and provide parents with information on meals that provide adequate nutritional value. Menus are available in the front entry.

Information on feeds that may cause allergies is posted.

**Challenging Behaviors**

Our staff will have on-going conversations with parents to express concerns and strategies to address challenging behaviors and our ability to meet the needs of children in preparing from the school readiness. Our conversations will include keeping parents informed of the progress of their children.

**Child Release Policy**

Your child will only be allowed to leave with an authorized person whose name is on file prior to pick up. The name of the authorized person with valid identification will be required. Identification will be asked upon arrival before the child released to any individual. Parents will be allowed to call in and give phone verification for someone not listed on the enrollment form to pick students up. It’s very important as parent/guardian that all persons able to pick students up are listed on enrollment form.

THIS WILL BE STRICTLY ENFORCED FOR YOUR CHILD/CHILDRENS SAFETY!!!!

**Expectations of Center to Parents/Guardians**

1. Treat each child with respect
2. Reports will be sent home describing the child’s day/week that will include rest time, eating schedule, skills learned, and/or potty training.

**Notice**

1. Termination of agreement by either party must be in writing and discussed two weeks in advance.
2. Increase in childcare fee will be notified 30 days in advance.

**Expectations of Center to Parents/Guardians to the Center**

1. Pick up child promptly
2. Call if your child is going to be absent or late. Please call in advance.
3. Notify center in case of illness
4. Do not send your child with any food, candy, gum, or toy unless it is a special occasion and permission is granted.
5. Please make payments on time before Tuesday 12:00 A.M.

**Policy Regard Cell Phone Use by Parents**

The use of cell pones by parents is prohibited by parents when picking up or dropping off your child/children.

(Both child and teachers must have your undivided attention during this time)

**Suspension and Expulsion Policy**

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child/children in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

**Immediate Causes for Expulsion**

* The child is at risk of causing serious injury to other children or him/herself.
* Parents threatens physical or intimidating actions toward staff member.
* Parents exhibits verbal abuse to staff in front of enrolled children.

**Parental Actions for Childs Expulsion**

* Failure to pay/habitual lateness in payments
* Failure to complete required forms including the child’s immunization records
* Habitual tardiness when picking up your child. Verbal abuse to staff.

**Child’s Actions for Expulsion**

* Failure of child to adjust after a reasonable amount of time.
* Uncontrollable tantrums/angry outbursts.
* Ongoing physical or verbal abuse to staff or other.

Prior to expulsion, a parent will be called, and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent to correct the problem. If after one or two weeks depending on the risk to other children’s welfare or safety, behavior does not improve and the center finds that they can no linger accommodate the child, the parent will be asked to remove him/her. The parent will be given a minimum of one week’s notice to find another center to provide care for this child.

**Discipline Policy**

No punishment of any physical nature such as shaking, hitting, spanking, or cruel testament will be tolerated at this center. Please see attached Discipline and Guidance Policies.

**Activities**

Outdoors and indoor water activities will be allowed with strict supervision.

Vocationally there will be field trips allowed based on a ratio. Children will be required to have a signed permission slip signed by a parent in order to attend.

Parents volunteering to attend field trips and will be required to agree to a background screening for the purpose of providing safely to the children.

**Water Activities**

At this time Community Partners will not participate in any water activities. If any changes are made, parents will be notified, after the center have received approval from the State of Texas Department of Family and protective Services.

**Field Trips**

Parents will be notified of scheduled field trips 2 weeks in advance. All students going on the field trip must have a signed permission slip turned in with within 72 hours of the schedule date.

**Parent Conferences**

It should be easy for you to be a part of your child’s education. Parent teacher conferences are held twice a year. In the Spring and in the Fall. Parents are invited and urged to confer with us twice a year. We will discuss the child’s progress with our ProCare system and a copy of the child’s written assessment will be shared as well.

**NO ANIMALS ARE ALLOWED AT THIS FACILITY**

**Baby Room Supplies**

* 1 Blanket
* 1 Box of Kleenex
* 1 Container of Wipes
* 5-6 Diapers per Day
* 4-5 Bottles Prepared with water
* 1 Sippy Cup
* 3 Change of Clothes
* 1 Vaseline and Baby Powder (If preferred by parent)

**2-Years-Old Supplies**

* 1 Personal Cover
* 1 Sleeping Mat (may be purchased at center)
* 1 Box of Kleenex
* 4-5 Pull-ups per day
* 1 Container of Wipes
* 1 Large Container of Hand Sanitizer
* 2 Change of clothes
* 2 Vaseline and Baby Powder (If preferred by parent)

**3-Year-Old Supplies**

* 1 Personal Cover
* 1 Sleeping Mat (May be purchased at center)
* 2 Box of Kleenex
* 1 Container of Wipes
* 1 Large Container of Hand Sanitizer
* 2 Change of Clothes



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**Infant Daily Schedule**

|  |  |
| --- | --- |
| **Time**  | **Description** |
| **6:30am- 8:00 am** | **Arrival and Health Checks**  |
| **8:00am - 8:30am** | **Breakfast/Diaper Change** |
| **8:30am - 8:45am** | **Clean Up**  |
| **8:45am- 9:15am** | **Infants Stimulation-Active Learning for Infants**  |
| **9:15am - 9: 45am** | **Sancks/Cleanup/Diaper Change**  |
| **9:45am - 10:00am**  | **Numbers and Creative Thinking**  |
| **10:00am - 10:45am** | **Nature Walk /Playground**  |
| **10:45am - 11:00am**  | **Clean Up**  |
| **11:00am - 11:45am**  | **Lunch/Diaper Change**  |
| **11:45am - 2:00pm** | **Nap Time**  |
| **2:00pm - 2:30pm** | **Diaper Change**  |
| **2:30pm - 2:45pm** | **Sancks**  |
| **2:45pm - 3:15pm** | **Story Time/Finger Play/ Music**  |
| **3:15pm - 3:45pm** | **Music/Nursery Song** |
| **3:45am - 4:00pm** | **Clean Up/ Diaper Change**  |
| **4:00pm - Until** | **Free Play/Departure Home**  |

**2 Year Old Classroom Daily Schedule**

|  |  |
| --- | --- |
| **Time**  | **Description**  |
| **6:30am - 7:30am** | **Arrival**  |
| **7:30am - 8:00am** | **Restroom/Pull-Up Change**  |
| **8:30am - 9:15am** | **Breakfast** |
| **9:30am - 10:30am** | **Play Ground**  |
| **10:30am - 11:00am** | **Alphabets / Reading**  |
| **11:00am - 11:30am**  | **Restroom/Pull-Up Change**  |
| **11:30am - 12:00pm** | **Numbers/Shapes/Colors** |
| **12:00pm - 2:00pm** | **Nap Time**  |
| **2:00pm - 2:30pm** | **Restroom/Pull-Up Change/Snack** |
| **2:30pm - 3:15pm** | **Arts and Crafts** |
| **3:15pm - 3:45pm** | **Songs/Nursery Rhymes** |
| **3:45pm - 4:00pm** | **Restroom/Pull Up Change**  |
| **4:00pm - 4:30pm** | **Free Play** |
| **4:45pm - 5:30pm** | **Departure** |

**3-Year-Old Classroom Daily Schedule**

|  |  |
| --- | --- |
| **Time**  | **Description**  |
| **6:30am- 8:00 am** | **Children Arrival and Health Check**  |
| **8:00am - 8:30am** | **Breakfast**  |
| **8:30am - 9:00am** | **Restroom Break** |
| **9:00am- 10:00am** | **Alphabets/Reading** |
| **10:00am - 10:15am** | **Restroom Break** |
| **10:15am - 11:00am**  | **Playground/Outside Activity**  |
| **11:00am - 11:15am** | **Restroom Break** |
| **11:15am - 11:45am**  | **Lunch**  |
| **11:45am - 1:15pm**  | **Naptime**  |
| **1:15pm - 1:30pm** | **Restroom Break** |
| **1:30pm - 2:00pm** | **Numbers/Shapes/Colors** |
| **2:00pm - 2:30pm** | **Arts/Crafts/Science**  |
| **2:30pm - 3:00pm** | **Restroom Break** |
| **3:00pm - 3:30pm** | **Snack**  |
| **3:30am - 4:00pm** | **Music/Nursery Songs**  |
| **4:00pm - 4:30pm** | **Life Skill Activity**  |
| **4:30pm - 5:00pm** | **Restroom Break** |
| **5:00pm - 5:30pm** | **Prepare for Departure**  |

**After School Daily Schedule**

|  |  |
| --- | --- |
| **Time**  | **Description** |
| **3:00pm - 3:30pm** | **Arrival and Snacks**  |
| **3:30pm - 4:15pm** | **Homework** |
| **4:15pm - 5:15pm** | **Activities**  |
| **5:15pm - 5:30pm** | **Departure**  |

**Emergency Procedures**

**When to Fight Fire**

If the fire is small and contained. The time to use a fire extinguisher is in the early, or incipient, stage of a fire. Once the fire starts to grow or spread, it is best to evacuate the building, closing doors or windows behind you.

If you are safe from toxic smoke. If the fire is producing large amounts of thick, black smoke or chemical smoke, it may be best not to try to extinguish the fire. Neither, should you attempt to extinguish the fire in a confined space. Outdoors, approach the fire with the wind at your back. Remember that all fires will produce carbon monoxide and many fires will produce toxic gases that can be fatal, even in small amounts.

If you have a means of escape. You should always fight a fire with an exit or other means of escape at your back. If the fire is not quickly extinguished, you need to be able to get out quickly and avoid becoming trapped.

If your instincts tell you it's OK. If you do not feel comfortable attempting to extinguish the fire, don’t try ­ get out and let the fire department do their job.

**Fire Inspection**

Your child-care center must have a fire inspection before we issue your initial permit and at least once every 12 months, unless your child-care center is located in a public school facility operated by the local independent school district.

How do I document that a fire inspection has been completed?

If required, you must keep a copy of the most recent fire-inspection report, letter, or checklist at the child-care center during hours of operation to verify the inspection date and findings. The report must include the name and telephone number of the inspector.

Must I make all corrections specified in the fire-inspection report?

Yes, you must comply with all corrections, restrictions, or conditions specified by the inspector in the fire inspection report, letter, or checklist.

**Emergency Evacuation and Relocation**

What is an emergency preparedness plan?

An emergency preparedness plan is designed to ensure the safety of children during an emergency by addressing staff responsibility and facility readiness with respect to emergency evacuation, relocation, and sheltering/lock-down. The plan addresses the types of responses to emergencies most likely to occur in your area, including:

(1) An evacuation of the children and caregivers to a designated safe area in an emergency such as a fire or gas leak.

(2) A relocation of the children and caregivers to a designated, alternate shelter in an emergency such as a flood, a hurricane, medical emergency, or communicable disease outbreak; and Minimum Standards for Child-Care Centers

(3) The sheltering and lock-down of children and caregivers within the center to temporarily protect them from situations such as a tornado, volatile person on the premises, or an endangering person in the area.

**Steps for Using Fire Extinguisher**

1. **P**ull the pin.
2. **A**im the nozzle at the base of the fire. Hitting the tops of the flame with the extinguisher won’t be effective. You got to smother the sucker at its base.
3. **S**queeze the trigger. In a controlled manner, squeeze the trigger to release the agent.
4. **S**weep from side to side. Sweep the nozzle from side to side until the fire is put out. Keep aiming at the base while you do so. Most extinguishers will give you about 10-20 seconds of discharge time.

**Tornado/Tornado Watch Evacuation Plan**

Identifying Shelter Locations

An underground area, such as a basement or storm cellar, provides the best protection from a tornado. If an underground shelter is unavailable, consider the following:

Seek a small interior room or hallway on the lowest floor possible

Stay away from doors, windows, and outside walls

Stay in the center of the room, and avoid corners because they attract debris

Rooms constructed with reinforced concrete, brick or block with no windows and a heavy concrete floor or roof system overhead

Avoid auditoriums, cafeterias and gymnasiums that have flat, wide-span roofs.

Personnel should also be aware of what to do if caught outdoors when a tornado is threatening. Seek shelter in a basement or a sturdy building. If one is not within walking distance, try to drive in a vehicle, using a seat belt, to the nearest shelter. If flying debris is encountered while in a vehicle, there are two options: 1) staying in the vehicle with the seat belt on, keeping your head below the windows and covering it with your hands or a blanket, 2) if there is an area which is noticeable lower than the roadway, lie in that area and cover your head with your hands.

**Hurricane Preparedness**

Determine how best to protect yourself from high winds and flooding.

Evacuate if told to do so.

Take refuge in a designated storm shelter, or an interior room for high winds.

Listen for emergency information and alerts.

Only use generators outdoors and away from windows.

Turn Around, Don’t Drown! Do not walk, swim, or drive through flood waters.

If told to evacuate, do so immediately. Do not drive around barricades.

If sheltering during high winds, go to a FEMA safe room, ICC 500 storm shelter, or a small, interior, windowless room or hallway on the lowest floor that is not subject to flooding.

If trapped in a building by flooding, go to the highest level of the building. Do not climb into a closed attic. You may become trapped by rising flood water.

Listen for current emergency information and instructions.

Use a generator or other gasoline-powered machinery outdoors ONLY and away from windows.

Do not walk, swim, or drive through flood waters. Turn Around. Don’t Drown! Just six inches of fast-moving water can knock you down, and one foot of moving water can sweep your vehicle away.

Stay off of bridges over fast-moving water.

**Power Outage**

Keep freezers and refrigerators closed. The refrigerator will keep food cold for about four hours. A full freezer will keep the temperature for about 48 hours. Use coolers with ice if necessary. Monitor temperatures with a thermometer.

Maintain food supplies that do not require refrigeration.

Avoid carbon monoxide poisoning. Generators, camp stoves, or charcoal grills should always be used outdoors and at least 20 feet away from windows. Never use a gas stovetop or oven to heat your home.

Check on your neighbors. Older adults and young children are especially vulnerable to extreme temperatures.

Go to a community location with power if heat or cold is extreme.

Turn off or disconnect appliances, equipment, or electronics. Power may return with momentary “surges” or “spikes” that can cause damage.

**Chemical Spill**

**In case of imminent danger to health, property, or the environment:**

Isolate area of spill by shutting doors or use of other means.

For indoor releases/spills: Leave the area and pull fire alarm to initiate building evacuation. For outdoor releases/spills: If possible, to do so safely (without risk of overexposure) take action to stop the release & prevent or minimize releases to storm sewers. Do not initiate evacuation from nearby buildings unless otherwise advised by emergency responders.

Render appropriate first aid. Thoroughly wash exposed areas of the skin with soap and water.

Refer to the MSDS for the spilled material.

Notify the campus operator (0) to provide information for emergency responders. EHS will finish clean-up of spill.

**Not an imminent danger:**

Use appropriate spill supplies to contain spill.

Render appropriate first aid.

Refer to the MSDS for the spilled material.

Notify your supervisor. Finish clean-up of spill using appropriate protective apparel as specified on MSDS. Manage waste properly. Contact EHS for assistance.

**Explosion**

**During an Explosion**

1. Get under a sturdy table or desk if things are falling around you. When they stop falling, leave quickly, watching for obviously weakened floors and stairways.
2. Do not use elevators.
3. Stay low if there is smoke. Do not stop to retrieve personal possessions or make phone calls.
4. Check for fire and other hazards.
5. Once you are out, do not stand in front of windows, glass doors or other potentially hazardous areas.
6. If you are trapped in debris, use a flashlight, whistle or tap on pipes to signal your location to rescuers.
7. Shout only as a last resort to avoid inhaling dangerous dust.
8. Cover your nose and mouth with anything you have on hand.

**After an Explosion**

There may be significant numbers of casualties or damage to buildings and infrastructure.

Heavy law enforcement involvement at local, state and federal levels.

Health and mental health resources in the affected communities can be strained to their limits, maybe even overwhelmed.

Extensive media coverage, strong public fear and international implications and consequences.

Workplaces and schools may be closed, and there may be restrictions on domestic and international travel.

You and your family or household may have to evacuate an area, avoiding roads blocked for your safety.

Clean-up may take many months.

**Alternate Shelter**

Name: White Rock Missionary Baptist Church

Address: 8008 Darien St. Houston, TX 77028

Phone Number: 713-633-3632

**Emergency Preparedness Plan**

**During increment weather, Community Partners will follow the schedule of HISD.**

**Evacuation Process**

1. When the decision is made to evacuate the center, the Director will make the announcement in the most expeditious way possible that all persons are to evacuate to their assigned area and await further instruction. The building is to be evacuated completely. The director will notify appropriate personnel and communicate what type of emergency is present. In the event of an actual fire, the Director will be responsible to notify 911 of the emergency from cell phone outside the building once the evacuation is complete.

**Evacuation of Students**

1. All teachers shall be responsible to gather their respective classes in a group and supervise an orderly evacuation to the designated area. The teacher is also responsible to bring all attendance sheets and child roster, upon arriving at the designated evacuation area all children must be physically accounted for against the sign in log and results reported to the director immediately. Center director and assistant will check each classroom to help ensure that all children and staff have evacuated to the safe location. For inclement weather, if possible, take appropriate supplies to protect the children.

**Notification**

1. Centers Director/Assistant will be responsible to bring Centers Emergency Binder to designated area so parent can be contacted. Once all children have been evacuated to a safe location, center’s administrator will contact all parents via phone.
2. Parents will be notified of Emergency Preparedness Plan by receiving a copy with parent handbook at time of enrollment. As changes are made to procedures, the center will send home updated information to the parent and also make it available for viewing at any time during business hours at the center.

**Notification To License Center**

1. Center’s Director will be responsible for contacting Texas Department of Health and Human Services inspector assigned to the center at 713-940-5200. This contact will be made no later than two days occurrence that renders all or part of the program to be unsafe or unsanitary for a child. In the event the Licensing Rep can’t be reached, the director will contact the statewide intake at 1-800-252-5400.

**Posting of Emergency Evacuation Plans**

1. Each classroom has an emergency evacuation plan posted near the entrance door. Please review posting for evacuation route and plans.

**Designated Area**

1. All classes will relocate to the open area of 7239 W. Knoll. In the event the center has to be evacuated, all students will relocate to White Rock Missionary Church located at 8008 Darien St. Houston, TX 77028.

**Preparation for Emergency**

1. Once a month the center will conduct a fire drill to ensure the students/staff know the procedures and how to execute them successfully.
2. Every 3 months the center will conduct a severe weather drill.

**Acknowledgement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have received, read, understand and will follow the policies and procedures of Rising Star Scholars Academy, Inc parent handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

Community Partners Early Childhood Development Center

Emergency & Evacuation Relocation Plan

All parents will be notified of child/children’s location. Each Community Partners Center will relocate to designated locations below.

Community Partners E.C.D.C Relocation

First Mount Olive Baptist Church

5201 Pardee Houston, TX 77026

(713) 674-7253

Community Partners Fifth Ward Relocation:

Dogan Elementary School

4202 Liberty Rd. Houston, TX 77026

(713) 671-4110

Executive Director: Alice Kirkman (713) 530 – 5938

Director Alice Marks (832) 309-4115