



**CONCHO VALLEY**  
COUNCIL OF GOVERNMENTS



# Head Start

# Early Head Start



# Parent Handbook

2024-2025 School Year

Hours of Operation:

**Administration Team**

8:00 am – 5:00 pm

Monday-Friday

**Head Start/Early Head Sites**

Day, Eden, Eldorado, Menard, Ozona & Rio Vista

7:30 am- 3:30 pm

Monday-Friday

**Head Start Classrooms**

Day, Eden, Eldorado, Menard, Ozona & Rio Vista

7:45 am- 1:45 pm

Monday-Friday

August - May

**Early Head Start Classrooms**

Day, Rio Vista, and Menard

7:45 am -2:45 pm

Monday-Friday

June - May

**Head Start Administration Staff**

Carolina Raymond	Director	(325) 944-9666 ext. 224
Stephanie Hernandez	Assistant Director/Early Head Start Education Manager	(325) 944-9666 ext. 273
Cheryl Mayberry	Head Start Education / Disability Manager	(325) 944-9666 ext. 245
Ofelia Barron	ERSEA / Facilities Manager	(325) 944-9666 ext. 250
Stacy Walker	Family & Community Manager	(325) 944-9666 ext. 244
Mary Husted	Nutrition Manger	(325) 944-9666 ext. 248
Melissa Miranda	Health / Mental Health Manager	(325) 944-9666 ext. 266

# School Operations

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## Arrival or Departure

Each child must be signed in by a parent, guardian, or adult over the age of 18. It is important for your child to arrive at and leave school on time. Upon arrival, you will be asked to complete a Daily Child Well Check. During the Daily Child Well Check, site staff will conduct a visual or physical assessment of the child to identify potential concerns about the child's health, including signs or symptoms of illness and injury, in response to changes in the child's behavior since the last date of attendance.

## Drop off /Pick-up-Appropriate Release of Children

During the registration process, an Admission Information form will be completed with the names of those authorized to pick up the child.

1. When the gates are closed during pick-up and drop-off, individuals must stop by the office for campus authorization. The Raptor system will verify approval, and a visitor's pass will be printed for all sites.
2. Staff will ask for picture identification of the person picking the child up and verify that the person is on the pick-up list. A copy of the picture identification must be made and stapled to the sign-in sheet. This step will continue until the staff is familiar with the people on the pick-up list.
3. If the legal guardian would like to add or remove a person from the pick-up list on the Admission Information Form, the legal guardian must complete an **Add/Remove Authorization for Releasing a Child** form in person. (Forms will be stapled to **Admission Information form 2935**).
4. In cases where the parent wishes to deny access to the non-custodial parent, they will be required to provide the program with appropriate copies of legal documentation (custody decree, restraining order, termination of parental rights).
5. In cases where potential kidnapping or violence is an issue, photographs of the person should be provided to assist staff in identifying these individuals.
6. In cases where there are concerns on the part of the custodial parent, but there is no legal documentation available, the Family Service Workers will make appropriate referrals to legal aid or other legal counsel.
7. If an adult shows up at a site who cannot have access to a child:
  - Staff will escort the adult to the office.
  - Staff will inform this person that there is documentation on file prohibiting access to that child.
  - Staff will ask the adult to leave the site.
  - If the adult refuses to leave, staff will inform them that they will need to contact the police.
  - Staff will contact the custodial parent and the Family and Community Partnership Manager to inform them of the incident.
  - Individuals on the Registered Sex Offenders list is not allowed on campus unless they are the student's legal guardian. The legal guardian must be accompanied by CVCOG staff at all times while on campus.

Please remember your child will be released only to those on the child's pick-up list (**Admission Information form**). Under no circumstances will letters or phone calls be accepted to make any changes to this list. Any person authorized to pick up a child must be at least 18 years old. It is extremely important that your work and home telephone numbers, as well as the telephone numbers of the authorized pick-up persons, are kept current. If we have not been notified by you prior to the designated pick-up time, staff will call the people on your pick-up list. If the staff person in charge observes you or the person designated to pick up your child demonstrating the inability to safely transport your child, we reserve the right, in the interest of

safety for you and your child, to express our concern. We suggest contacting another person to transport you and your child. However, if you or the designated pick-up person insist on transporting the child, please be aware that we will notify local law enforcement of the situation to ensure the safety of the child.

### **Late Pick-up**

If a child is not picked up on time and the site staff has made every effort to contact those listed on page 2 of the Admission Information form without success, the Head Start site will notify the local police department.

### **Attendance**

School attendance is important:

- It helps your child reach his/her full potential.
- It helps your child feel more secure and independent.
- It prepares your child for public education.
- Your child is less likely to experience learning gaps.
- Your child feels confident and excited about his/her learning.

Unless your child is ill, please make every effort to ensure they attend each scheduled class day regularly. Children need schedules and routines, and regular attendance at Head Start/Early Head Start is beneficial for your child. Allowing your child to decide whether or not to attend school can lead to problems later on.

Within the first 60 days of the program year and thereafter, Family Service Workers must conduct an analysis using individual child attendance data to identify children at risk of missing 10% of program days per year. Your FSW must create an Attendance Success Plan that identifies reasons for absenteeism and develops strategies to improve your child's attendance. Strategies will include direct contact or intensive case management with parents/guardians.

### **Absences**

If a child misses school due to illness or other important reasons, please call your child's site to report the absence and the reason as soon as you determine that your child will not attend school.

Your Family Service Worker will conduct a home visit or other direct contact with the child's parents/guardians if a child has two consecutive unexplained absences. A note from a doctor may be required.

When a child's schedule needs to be temporarily modified due to an IEP, custody, or behavioral plan, you must make an Attendance Accommodation Plan with your Family Service Worker. The ERSEA manager must approve the plan for absences to be excused. Accommodations will be approved on a case-by-case basis.

In circumstances where chronic absenteeism persists and the program has made appropriate efforts to reengage the family, but attendance does not resume, with the ERSEA manager's authorization, the child's slot must be considered vacant. The child can be placed back on the waiting list for future reconsideration should the family's circumstances change.

### **Enrollment**

To apply for Head Start or Early Head Start, reach out to the program nearest to your residence or apply online using the QR code provided below. Your local program will supply the necessary forms and address any inquiries you may have. They will arrange a convenient time to complete the application process and inform

you of the documents required for submission. Once approved, your child will be placed on a waiting list. Children are enrolled in Head Start and Early Head Start based on their position on the waiting list, which prioritizes them according to points assigned through established selection criteria.

Enrollment QR Code



### **School Closings**

The program will follow the public-school system's schedule. However, there may be additional school closures due to Head Start/Early Head Start In-Service days. The Site Supervisor will post school closings two (2) days prior to closing the site, when possible. Other decisions regarding closure will be made by the Head Start/Early Head Start Director, based on circumstances affecting the site. The Site Supervisor will call families and/or send texts if a decision is made to close early or if the school district remains open but the site needs to close. Occasionally, it is necessary to cancel school due to inclement weather. Head Start/Early Head Start will follow the decisions of your local school district.

### **Suspension and Expulsion of Children** (ask Site Supervisor for detailed policy)

- No child may be suspended without Head Start Directors Approval.
- Head Start and Early Head Start will prohibit or severely limit the use of suspension due to a child's behavior. If, as a last resort, suspension is necessary, it will only be temporary in nature.
- Temporary suspension will only be used as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.

## **Parent/Family Engagement**

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### **Family Partnership**

The Family Service Worker will collaborate with families and initiate a Family Partnership Meeting in the fall. Family Partnerships are an integral part of the Head Start program. During these meetings, we work together with families to identify interests, strengths, needs, goals, services, and resources that support family well-being, including safety, health, and economic stability. Staff will continue to follow up throughout the school year and work with families to achieve their goals, documenting progress steps along the way. Your Family Service Worker will contact you to arrange a time and place to start the family partnership process. We look forward to working with you to achieve your goals.

### **Parent /Teacher Conference & Home Visit**

Home visits and Parent/Teacher Conferences are important in building relationships with parents. The visits and conferences enhance parent's and teacher's knowledge and understanding of the developmental progress of your child. Teachers must conduct at least two Home Visits and two Parent/Teacher Conferences each year.

## Parent/Caregiver Participation on Campus

Parents/caregivers and families are always welcome at the school during operational hours to observe their child, participate in program activities, and follow up on program needs with teachers, family service workers, and site supervisors. Procedures for participation include and initial check in with the office because campus safety is our upmost priority.

# Health

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## Illnesses

A child may not attend if any of the following conditions are present:

- The illness prevents the child from comfortably participating in activities, including outdoor play.
- The illness requires more care than staff can provide without compromising the health, safety, and supervision of other children in care.
- The child exhibits any of the following symptoms (unless a medical evaluation by a healthcare professional clears them for school activities):
  1. Oral temperature above 101 degrees Fahrenheit
  2. Ear temperature above 100 degrees Fahrenheit
  3. Armpit temperature above 100 degrees Fahrenheit
  4. Symptoms indicating possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs suggesting severe illness.
- A healthcare professional has diagnosed the child with a communicable disease, and there is no medical documentation indicating the child is no longer contagious.

## Communicable Disease

Please follow the following for communicable disease exclusions: TITLE 25 PART1 CHAPTER 97 SUBCHAPTER A RULE §97.7



The data for national notifiable infections diseases and conditions are aggregated weekly for all conditions. See [cdc.gov/nndss.data-statistics/infectious-tables/index.htm](https://cdc.gov/nndss.data-statistics/infectious-tables/index.htm)

## Conditions of Short-Term Exclusion and Admittance

The above chart contains the following guidelines for exclusion from Head Start/Early Head classrooms: **Texas Department of State Health Services in 25 TAC §97.7** and following procedure will be followed for short-term exclusion and admittance:

- Staff will complete an **Incident/ Illness Report** form 7239 when a child is temporarily excluded due to a short-term injury or acute or short-term contagious illness. A **Health & Developmental Initial Plan** will be initiated to follow-up with parent/guardian on the child's health status. A copy of the **Incident/ Illness Report** and **Health & Developmental Initial Plan** will be sent to the Health Manager and original filed in the Child's State File.
- A child may be readmitted to the program when he or she meets appropriate criteria.

- Some conditions may require approval by a local health official, before re-admittance is possible.
- Staff may consult with local health officials and/or TDFPS regarding these conditions if applicable.
- Staff, volunteers, and substitutes will be trained at orientations.
- After being absent 4 consecutive days a **Daily/4-Consecutive Days Absence Report** along with a copy of the **Incident/Illness Report** will be submitted to the ERSEA.

### **Dispensing of Medication**

We encourage you to schedule your child's medication doses before or after school hours whenever possible.

If your child needs to take prescription or non-prescription medication, including sunscreen and insect repellent, during the school day, the following procedures will be followed:

1. Head Start/Early Head Start Staff will receive training during orientation, in-service sessions, and as needed on Medication Procedures, the use of medical equipment when applicable, and possible side effects.
2. All medication must be kept in its original container.
3. The pharmacy label and/or doctor's instructions must include the following information:
  1. Child's First and Last Name
  2. Name of the Medication
  3. Date the prescription was filled
  4. Name of the Health Care Provider who wrote the prescription
  5. Medication expiration date
  6. Dosage and frequency
  7. Storage instructions, if available
4. Staff will write the date the medication was brought to the site on the original container.
5. The parent/guardian must complete and sign the **Authorization for Dispensing Medication** form 7238.
6. All over-the-counter medications must have a doctor's note with usage instructions.
7. Medication will only be administered by the Health Manager, Site Supervisor, or designated personnel unless an emergency occurs.
8. Designated staff must be knowledgeable about the administration, handling, and storage of children's medications according to instructions.
9. All medications, except emergency medication, must be stored in a locked cabinet or locked box and kept out of reach of children.
10. Head Start/Early Head Start designated staff will document each instance of medication administration on the **Authorization for Dispensing Medication** form 7238.
11. The **Authorization for Dispensing Medication** form 7238 for each child will be kept confidential and stored in a notebook at each Head Start/Early Head Start site.
12. Review the **Authorization for Dispensing Medication** form 7238 with the parent/guardian at the end of the designated period for medication administration.
13. For medications administered over an extended period or emergency medication, **the Authorization for Dispensing Medication** form 7238 will be reviewed with the parent/guardian monthly.
14. Encourage parents/guardians to administer the first dose of medication at home to observe any reactions the child may have.
15. Staff will monitor the child for changes in normal behavior, such as lethargy, mood swings, aggression, difficulty breathing, or physical reactions like rashes.
16. If changes in the child's behavior are noted after medication administration, staff will document these changes on the **Illness and Incident Report** and the **Authorization for Dispensing Medication** form 7238, and promptly inform the parent/guardian. In case of a medication administration error, the administering person must complete a **Medication Error Report**.

17. A copy of the **Incident/Illness Report** will be provided to the parent/guardian, encouraging them to share this information with the physician.
18. If Head Start/Early Head Start classroom staff need to take medication during program hours, they must inform the Site Supervisor/Site Director.
19. Arrangements will be made for staff medication to be stored in a locked cabinet or locked box.
20. Any trained staff member can administer a prescribed epinephrine auto-injector to a child if necessary. All epinephrine auto-injectors must be prescribed by a doctor with instructions on their use.

### **Medical Emergency**

If your child requires medical attention while in our care, the following procedure will be followed:

1. First aid and/or CPR will be immediately administered as necessary by a staff member certified in first aid and CPR.
2. If a child requires immediate medical attention beyond basic first aid, 911 will be called.
3. The child's parent/guardian or other designated emergency contact will be notified as soon as possible.
4. If the child needs to be transported by an emergency medical vehicle, they will be accompanied by a staff member in the absence of the parent/guardian or designated emergency contact. A qualified Head Start/Early Head Start staff member will assist in the classroom to maintain the proper child/staff ratio.
5. The staff member accompanying the child will take the child's State Admission Information form to the medical facility and notify the Health Manager as soon as possible.
6. An Incident/Illness Report must be completed. If medical attention beyond basic first aid was necessary, Day Care Licensing must be notified within 48 hours of the incident. A copy of the Incident/Illness Report will be forwarded to the Health Manager and shared with the parent/guardian.
7. If the incident/illness required medical attention beyond basic first aid, a Health & Developmental Initial Plan will be initiated the day after the incident/illness to follow up with the parent on the status of the child's health. If applicable, the attending physician's report will be stapled to the Incident/Illness Report.

### **Dental Emergency Plan**

The following procedure will be followed when a dental emergency occurs:

1. Assess the type of injury to determine the necessary first aid.
2. Contact the parent immediately if treatment is needed beyond basic first aid. If unable to contact the parent/guardian, call the emergency contact(s) listed on the Admission Information form.
3. A staff member (who is first aid certified) will administer first aid while another staff member supervises the remaining children in the classroom or group.
4. An Incident/Illness Report must be completed. Day Care Licensing must be notified within 48 hours if further dental attention is needed beyond basic first aid. A Health & Developmental Initial Plan will be initiated the day after the incident/illness to follow up with the parent on the child's health status. A copy of the Incident/Illness Report will be given to the Health Manager/Coordinator/Specialist and shared with the parent/guardian.
5. The original Incident/Illness Report is maintained at the site.
  - **Toothache:** Rinse the mouth vigorously with warm water to clean out debris. Take a gauze pad, place it on either side of the tooth, grasp (use dampened gauze pad if necessary) firmly, and wipe the tooth carefully to remove food trapped between the teeth.
  - **Knocked-Out Teeth:** Rinse the tooth gently in cool running water (DO NOT SCRUB IT). Wrap the tooth in moist gauze and place it in a container of cool milk or water. When notifying the parent or authorized person of the emergency, staff will recommend that they take the child to a dentist within the next 30 minutes.



- **Broken Teeth:** Gently clean dirt or debris from the injured area with warm water. Place a cold compress on the face in the area of the broken tooth to minimize swelling.
- **Bitten Tongue or Lip:** Apply direct pressure to the bleeding area with a clean cloth. If swelling is present, apply a cold compress. If bleeding does not stop within 5 to 10 minutes, call the parent or authorized person to take the child to a dentist or emergency room. The child may sip on ice water and/or rinse their mouth with ice water.
- **Object Wedged Between Teeth:** Using a gauze pad, firmly grasp both sides of the tooth and wipe from the gum area to the top of the tooth with one long, firm, and consistent stroke.
- **Possible Fractured Jaw:** Immobilize the jaw by any means (towel, handkerchief, etc.). Apply a cold compress and advise the parent or authorized emergency contact person to take the child to a dental office or emergency room as soon as possible.

### **Hearing and Vision Screening Requirements**

The following procedure will be followed when performing a hearing screening:

1. Head Start/Early Head Start staff will inform parent/guardian of the types and purposes of all screenings/questionnaires to be administered before they are completed.
2. Parental consent for screenings will be obtained prior to the screening. Head Start children will receive a hearing screening using a standardized screening tool within 45 days of entry into the program. Early Head Start staff will complete a Hearing questionnaire for each child within 30 days of entry into the program.
3. Early Head Start staff will complete a Hearing questionnaire every four months after the initial Hearing questionnaire on each child.
4. Children 3, 4, and 5 years of age initial screenings will be performed by trained Head Start staff, or other trained professionals using the **Pure Tone Audiometer or other state approved equipment**.
5. Results will be documented on the **Vision and Hearing Screener Report**, the tracking form, and a copy will be attached to the **State Admission Form**.
6. All children failing to respond or failing the test will be re-screened within 3 – 4 weeks of the initial test using the **Pure Tone Audiometer or other state approved equipment**.
7. If a 3-year-old child fails the rescreen, parent/guardian(s) and staff will complete the questions on the **3-Year-Old Vision and Hearing Screener Report** taken from **THSteps Hearing Checklist for Parents**. If the parents/guardians answered No to any of the questions a **Health & Developmental Initial Plan** will be developed with the parent/guardian and appropriate referral will be initiated.
8. If a 4 or 5-year-old child fails the re-screen or fails to respond to the **Pure Tone Audiometer or other state approved equipment**, a **Health & Developmental Initial Plan** will be developed with the parent/guardian and appropriate referral will be initiated.
9. Continue to update the **Health and Developmental Initial Plan** using the **Health & Developmental Follow-up Notes** until follow-up treatment is complete or ongoing care is established.

The following procedure will be followed when performing the vision screening:

1. Head Start/Early Head Start staff will inform parent/guardian of the types and purposes of all screenings and questionnaires to be administered before them.
2. Parental consent for screenings will be obtained prior to the screening.
3. Head Start children will receive a vision screening within 45 days of entry into the program.
4. Early Head Start children will receive a vision screening within 30 days of entry of entry into the program.
5. The vision screening for children 3, 4, and 5 years of age will be performed by trained Head Start staff, or other trained professionals using the **10-foot HOTV Vision Chart or other state approved equipment or chart**.

6. Early Head Start staff will perform a Vision questionnaire every four months after the initial vision questionnaire for each child.
7. Head Start results will be documented on the **Vision & Hearing Screener Report** form and a copy will be attached to the **State Admission Form**. Results will also be documented on the health tracking form.
8. All children who fail to respond or fail the **10-foot HOTV Vision Chart** test will be re-screened within 2-3 weeks of the initial test. If the Photo Screener device is used to test, the child will not need to be rescreened.
9. If a 3-year-old fails to respond or fails the rescreening, staff will perform the **Corneal Light Reflex and Cover Test immediately following the rescreen**.
10. If a 3-year-old fails the **Corneal Light Reflex or the Cover Test** the staff will complete a **Health & Developmental Initial Plan** with the parent/guardian and a referral will be made to the appropriate health provider.
11. If a 4 or 5-year-old child fails the re-screen or fails to respond after being re-screened, a **Health & Developmental Initial Plan** will be developed with the parent/guardian and a referral will be made to the appropriate health provider.
12. Staff will continue to update the **Health & Developmental Initial Plan** using the **Health & Developmental Follow-up Notes** until follow-up treatment is complete or ongoing care is established.
13. If a parent/guardian refuses to authorize treatments, staff will provide parents/guardians with information (education) regarding the services being requested for their child.
14. If noncompliance is exhibited after barriers are addressed and education is provided, the child's parent/guardian will be asked to sign the **Decline of Services** form.
15. Staff will file the **Health & Developmental Initial Plan**, the **Health & Developmental Follow-up Notes** and if applicable, the **Decline of Services** form in the appropriate area of the children's file.

### **Immunization Requirements**

The following procedure will be followed for immunizations:

1. Program applicants must submit an official immunization record stating child's full name and date of birth generated from a state or local health authority, including a registry, with their enrollment application.
2. A new enrollee must have at least one of each age-appropriate mandatory immunization and is on schedule to receive subsequent doses as rapidly as medically feasible according to the **Center for Disease Control and Prevention** and **Texas Department of State Health Services** or an exemption statement authorized by the **Department of State Health Services Immunization Branch** to attend the program.
3. Children may be enrolled provisionally. Child must not be overdue for next dose to be considered provisional. If a child is enrolled provisionally the parent/guardian must provide a statement from the doctor as to when the remaining immunizations will be completed.
4. Any child may be placed on the **Waiting List** regardless of immunization status. At this time parents/guardians will be informed of the immunization requirements and told if the child does not have at least one of each mandatory immunization or an authorized exemption statement it could affect their child's placement into the program.
5. Staff will place a copy of the child's most current immunization record in the child's Head Start/Early Head Start Health File and place a copy in the DHS File.
6. All children attending Head Start/Early Head Start must remain current on all immunizations. Staff will review the immunization status of a provisionally enrolled child every 30 days to ensure continued compliance and completing the required doses of vaccine(s). If appropriate doses have not been received at the end of a 30-day period, the child is no longer in compliance, and will be excluded until the appropriate doses are received.

7. Head Start/Early Head Start staff will communicate with families of a child enrolled provisionally about needed immunizations by completing the **Immunization Notice Form** and give a copy to the parent/guardian.
8. Head Start/Early Head Start staff will provide assistance to ensure parents are informed and have the resources needed to complete or remain current with their child's immunizations.
9. If immunizations are not brought current by the exclusion date staff will complete the **Immunization Notice Form** excluding the child from attending classes until the child is current with immunizations or has a doctor's note stating why the child is not current and when the child will be current.
10. Staff will attach a copy of the updated immunization record or doctor's note to the **Immunization Notice Form** and file in the appropriate section of the children's file and copies sent to the Health Manager/Coordinator.
11. Staff will continue to work with the family until the child is completely up to date on all required age-appropriate immunizations.

### **Mental Health and Wellness**

The Concho Valley Council of Governments Head Start/Early Head Start program contracts with a Mental Health Professional to act as a consultant to the program. This consultant will visit each classroom to observe children's interactions with teachers and peers. They will work with the Head Start/Early Head Start staff and families to implement procedures for children identified as needing intervention to support their mental well-being and promote mental wellness. The consultant will also attend at least one monthly parent meeting to share mental wellness information and will be available to Head Start/Early Head Start parents individually. For more information, please contact your Site Supervisor.

### **Breast Feeding**

Mothers are allowed to breast feed or provide breast milk on campus. Please contact your site supervisor or FSW for our private breastfeeding areas.

## **Nutrition**

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### **Meals/Food Service Practices**

The children are served breakfast, lunch and snack. Check with your Site Supervisor or teacher to see what time your child receives their meals. Monthly menus are provided and posted in each classroom.

Mealtime is an important part of our school day and we want all children to participate. Meals are served family style to promote learning opportunities that support teaching-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization. Children are encouraged to take small servings of new foods but are not forced to eat something they do not like or clean their plates before a second serving is offered.

Please notify your child's teacher or FSW if your child has or develops a food allergy. Children requiring special diets due to food allergies must have a physician's statement on file that states the food allergy and recommended food substitution. Substitutions for non-medical reasons (religious, vegetarian, etc.) will be evaluated by the Health Manager for approval.

Meals served must meet United States Department of Agricultural Child Care Food Program requirements and must be prepared in kitchens that meet Federal, State, and local food safety and sanitation laws. Food must be purchased from licensed vendors; therefore, food may not be prepared and brought into the site to be served at mealtime. Children will be served meals that meet 2/3 of their daily nutritional needs, are high in nutrients and low in fat, sugar and salt.

### **Outside Foods**

Head Start occasionally has activities that requires food consumption during school hours. All food brought into Head Start centers for consumption must be purchased from a licensed vendor or store-bought. Homemade foods will not be allowed at any time.

## **Policies and Procedures**

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### **Parent Code of Conduct**

1. **Respectful Behavior**: Parents are expected to treat all school staff, students, and other parents with respect and courtesy at all times.
2. **Positive Communication**: Parents should communicate with school staff in a constructive and respectful manner, whether in person, via phone, or through written correspondence.
3. **Support for School Policies**: Parents are expected to familiarize themselves with school policies and procedures and to support and adhere to them.
4. **Confidentiality**: Parents should respect the confidentiality of sensitive information regarding other students, staff, or school matters that they may become privy to.
5. **Attendance and Punctuality**: Parents are encouraged to ensure their children attend school regularly and arrive on time for classes and school events.
6. **Involvement in Education**: Parents are encouraged to actively participate in their child's education by attending parent-teacher conferences, school events, and volunteering when possible.
7. **Resolving Issues Constructively**: If a parent has a concern or disagreement with a school policy or decision, they are expected to address it through appropriate channels, such as meeting with the teacher or principal, rather than engaging in confrontational behavior.
8. **Safety and Security**: Parents should adhere to any security protocols or procedures implemented by the school to ensure the safety of students and staff.
9. **Supporting Positive Behavior**: Parents are encouraged to reinforce positive behavior and values taught at school within their homes.
10. **Responsible Use of Technology**: If parents are involved in online communication platforms or social media groups related to the school, they are expected to use them responsibly and respectfully.
11. **Financial Responsibilities**: Parents should fulfill any financial obligations related to school fees, fundraising activities, or other contributions as required.
12. **Parental Responsibilities Outside of School**: Parents are encouraged to support their child's education by providing a conducive home environment for learning, ensuring completion of homework, and promoting good study habits.
13. **Compliance with Health and Safety Guidelines**: Parents should adhere to health and safety guidelines set forth by the school, such as vaccination requirements and protocols during health emergencies.

### **Video Surveillance Monitoring Policy**

The Concho Valley Council of Governments (CVCOG) Head Start Program is committed to meeting the health and safety needs of our children, staff, and families. To further ensure safety and security of our children, staff, and families, Head Start sites will be equipped with video surveillance cameras.

1. The location for cameras will include classrooms, playgrounds and some interior and exterior areas to ensure the safety and security of all children, staff and families.
2. Cameras are not placed to monitor areas where families and staff have a “reasonable expectation of privacy”, i.e. private offices and restrooms.
3. The cameras will be constantly on and recording 24/7. The video data is available for 90 days.
4. Cameras are video only; there is no audio.
5. If there is a reported incident, Head Start Administrators, Site Supervisors, Human Resources, and IT can access the footage with permission of the Head Start Director. Footage will be reviewed, and if needed, reported to the Office of Head Start, Child Care Regulation, and if applicable, a report to Child Protective Services.
6. Law enforcement may ask for video footage through our Open Records procedure.
7. If needed the video will be saved to the agency drive which will be secured.
8. Any requests to obtain copies of video footage or still images will only be released in response to a subpoena, unless it is to one of the agencies listed above. This is for the confidentiality and protection of all children, families and staff.

### **Parent Notification of Policy Changes**

Parents will be notified by the Site Supervisor, Teaching Staff, and/or person in charge of the facility when a policy changes with a copy of the new policy. Policy changes will be posted on the Parent Information Boards at the Head Start Sites.

### **Procedure for Parents to Review and Discuss Policies and Procedures**

Should a parent have questions regarding policies and procedures they should address the concerns with the child’s teacher and/or Site Supervisor. If the teacher and/or Site Supervisor are not able to satisfy the parent’s concerns they should contact the Head Start Program Director (325-944-9666).

### **Open Door Policy**

Our program values parent/guardian engagement and encourages all parent/guardian to visit and or discuss any issue at any time. Parent/guardian should check in at the front office and schedule a meeting with the Site Supervisor.

### **Gang /Smoke-Free Zone**

Head Start/Early Head Start is smoke-free environment and prohibits e-cigarette, vaporizer, or tobacco product or use any tobacco product on the premises, on the playground, or during field trips. Head Start is a Gang-free zone which prohibits gang related criminal activity or engaging in organized criminal activities within 1,000 feet from the Head Start/Early Head Start Program. Any of these activities is a violation of this law and is therefore subject to increased penalty under state law.

## **Community Complaint Procedure**

1. Persons filing a community complaint will be given a copy of the Community Complaint Procedures which are posted on the parent board of all Head Start sites and a copy of the **Community Complaint Form** and asked to contact the Head Start Director to attempt to informally resolve the complaint.
2. If the person would like to initiate a formal complaint, he or she will be asked to complete the **Community Complaint Form** and the completed form will be forwarded to the Head Start Director.
3. The Grantee Head Start Director will schedule a meeting with all parties involved.
4. After the meeting a written response outlining the action taken will be completed by the Head Start Director and a copy sent to the complainant.
5. If the complainant is not satisfied with the written response by the Head Start Director, they may request a meeting with the Executive Director whose decision on all matters will be final.

## **Licensing Inspection and Minimum Standards**

The most recent Licensing inspection report will be located on the Center Board. A copy of the Minimum Standards is can be requested at any time from your Site Supervisor. Access is available online 24 hours a day at: <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/min-standards/chapter-746-centers.pdf>.

## **Local Licensing Office, Texas Abuse and Neglect and DFPS Contact Information**

To contact the local Licensing office:

622 S. Oakes Suite E, San Angelo TX 76903  
432-684-3299

To access the Texas Abuse and Neglect Hotline call 1-800-525-5400 if your situation is urgent and needs to be investigated within 24 hours. To report a situation that does not need to be investigated right away you can process an online report @ [www.txabusehotline.org](http://www.txabusehotline.org) .

To access the Department of Family and Protective Services you can login at <https://dfps.state.tx.us/>.

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

All Head Start staff, volunteers, and contracted workers are required to report cases of child abuse and neglect, as they are mandated reporters in the state of Texas.

Remember, abuse and neglect come in many forms:

- Abuse includes mental, emotional, physical, or sexual injury to a child, or failure to prevent such injury.
- Neglect includes failure to provide a child with food, clothing, shelter, and medical care, as well as leaving a child in a situation where they are at risk of harm.

To prevent and respond to abuse and neglect of children, Head Start will:

1. Provide annual training upon entrance into the program and updated training yearly, with additional training as needed.
2. Offer education on abuse and neglect at parent meetings, as well as distribute handouts and post warnings about signs and prevention factors.
3. Partner with community organizations to educate, support, and provide training on child abuse and neglect.
4. As mandated reports Head Start staff member to report cases of suspected or identified child abuse to TDPRS. All reporting is private and confidential, at the discretion of the reporting individual. Parents

needing assistance or intervention for a child who is a victim of abuse or neglect should reach out to their family service worker or site supervisor for resources.

## **Education**

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### **Indoor and Outdoor Physical Activity**

Staffs Daily Activity Schedules include teacher-directed and child-initiated activities. Daily Activity Schedules and Lesson Plans are posted in the classroom for your review. Daily Activity Schedules and Lesson Plans include active play indoors and outdoors; at least one outdoor activity is an organized activity lead by the teacher. Active play is defined as moderate to vigorous play. Plans must allow 20 minutes of active play for every three hours children are in care. Children will go outside daily for active play. Schedules may be adjusted or moved indoors due to acclimate weather.

### **Water Activities**

Ensure Child-Staff ratios are maintained during swimming/water activities. Wading/splashing pools two feet or less may be used with children two years old and older. Pools must be stored out of the reach of children when not in use, drained daily and sanitized, and stored so they do not hold water. Wading/splashing pools may not be used away from your child-care center. Splashing pads with no more than 4 inches of accumulated water may be used for children younger than two years old. Sprinklers may be used as long as you ensure that no child uses sprinkler equipment on or near a hard, slippery surface, such as concrete driveway, sidewalk or patio; you must not leave a child alone with the sprinkler equipment; you must store sprinkler equipment and water hoses out of the reach of children when not in use; you must maintain your splash pad/sprinkler play area according to manufacturer's instructions.

### **Screening and Assessments**

All first-year children are required to have a developmental screening within 45 days of their entry into the program. This screening is a snapshot of your child's current level of development. Data from screening and assessments and information from parents/guardians are used to establish goals, individualize instruction and activities for your child. Ongoing developmental assessments are required three times throughout the program year. Fall assessments take place from October to November; Winter assessment take place from January to February; and Spring assessments take place from March to April. Ongoing assessments provide teachers with data on your child's progress toward meeting their goals. It is very important that your child is present and on time for school every day. When absent or late for class, your child misses out on valuable instruction time. Results of screening and assessments are shared with you during home visits and parent/teacher conferences. Home visits and conferences typically take place shortly after the screening and each assessment period. You are encouraged to keep scheduled appointments with your child's teacher.

### **Screen Time**

Screen time activities may not be used for a child under the age of two years. Screen time activities may be used to supplement, but not replace, an activity for children two years old or older. If screen time activities are used staff must ensure that the activity is: related to the planned activities that meet educational goals, is age-appropriate, does not exceed one hour per day, is not used during mealtime, snack time, naptime or rest time, does not include advertising or violence, is turned off when not in use, and must be pre-approved by the Education Manager and listed on the lesson plan.

## **Clothing**

Please send your child in clothing and shoes that are easy for your child to manage alone. Sweaters, jackets, and other clothing should be labeled with your child's name.

In the Head Start/Early Head Start classrooms, children use paint, glue and other messy materials that may get on their clothing. Although children wear smocks while using these materials, we encourage you to send your child in washable play clothes.

For safety reasons, we ask that children wear shoes that cover the entire foot. Open-toed sandals and slip-on shoes are discouraged due to being dangerous when children climb and run.

On the first day of school, we encourage you to send an extra set of clothing for your child. For infants we encourage you to send more than one set of clothing since accidents can happen. As the season changes, please remember to change out the set of extra clothing to provide the appropriate attire. Clothing should be placed in a Ziploc bag with your child's name, if you do not have a bag, one will be provided. These clothes will be used by your child only. When your child is sent home with a bag of clothes due to an accident, please send clean clothes the next day.

## **Inclusive Services for Children with Special Care Needs**

Activities/equipment will be adapted to meet the needs of children with disabilities as recommended in their IEP/IFSP, health-care professional or qualified professional affiliated with the LEA or ECI program, when feasibly possible. Children with special needs are included in all activities with their non-disabled peers.

## **Safe Sleep for Infants**

According to Texas Child Care Minimum Standards, the crib must be bare for an infant younger than 12 months of age, except for a tight-fitting sheet. Please do not send any blankets for the staff to use while your child is in our care. Approved sleep sacks will be provided in the classroom to ensure our infants maintain a comfortable temperature.

If an infant needs accommodations to their sleeping arrangements, such as a restrictive device, a completed Sleep Exception/Health Care Professional Recommendation form must be filled out. This form must include a signed statement from a health-care professional stating that the restrictive device is medically necessary. A copy of this form will be kept in the infant's classroom for easy review by the caregiver and licensing staff.

- All parents of infants under 12 months will complete and sign the Operational Policy on Infant Safe Sleep prior to the first day of enrollment.
- All infants under 12 months will be placed on their back when placed in a crib, even if the child can roll over on their own.

## **Operational Discipline and Guidance Policy**

**Purpose:** This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.





## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

#### Discipline must be:

- 1) individualized and consistent for each child;
- 2) appropriate to the child's level of understanding; and
- 3) directed toward teaching the child acceptable behavior and self-control.

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

- 1) using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) reminding a child of behavior expectations daily by using clear, positive statements;
- 3) redirecting behavior using positive statements; and
- 4) using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

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

- 1) corporal punishment or threats of corporal punishment;
- 2) punishment associated with food, naps or toilet training;
- 3) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures

*(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)*

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:**

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)