



Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first-day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name Dulcinea Spanish Learning Center		Director's Name Dulcinea Deugarte	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form	Address of Parent or Guardian (if different from the child's)		
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Consent Information

Check All That Apply:

1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

for emergency care on field trips to and from home to and from school

3. Water Activities

I give consent for my child to participate in the following water activities:

- water table play
 sprinkler play
 splashing/wading pools
 swimming pools
 aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

I understand that the following meals will be served to my child while in care:

- None
 Breakfast
 Morning snack
 Lunch
 Afternoon snack
 Supper
 Evening snack

6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

 Signature — Parent or Legal Guardian

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan Submitted on _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1. Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Signature — Health Care Professional

Date Signed

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name

Address of Health Care Professional

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results AGES 4 AND UP

Right Eye 20/ Left Eye 20/ Pass Fail

Signature Date Signed

Hearing Exam Results AGES 4 AND UP

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose)	
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Signature

Date Signed

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If Required)

Positive Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

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

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

DSL/C



Dulcinea DAYCARE
SPANISH LEARNING CENTER.

Dulcinea Spanish Learning Center LLC

"Come Join Our Multi-Cultural Family"

DSLCL Parent Handbook & Center Policies

Director: Dulcinea Fernanda Deugarte

210-236-7137

9950 San Pedro Ave.

San Antonio, TX 78216

<http://www.dulcineaspanishdaycare.com/>

Dulcineadaycare@gmail.com

Curriculum Goals

At Dulcinea Spanish Learning Center (DSLCL), we are proud to offer a tailored in-house curriculum designed to meet the developmental needs of children of all ages. Our curriculum is thoughtfully crafted to promote growth in cognitive, social, emotional, and physical areas while fostering a love for learning.

Weekly Updates: The curriculum is refreshed and updated each week to incorporate current themes, developmental milestones, and seasonal activities.

For All Ages: Activities and lessons are adapted to suit every age group, ensuring that all children, from toddlers to pre-teens, are engaged and appropriately supported in their development.

Cultural Enrichment: Lessons include elements of Spanish language, traditions, and multicultural appreciation to cultivate cultural awareness and understanding.

Development-Focused: Each week's curriculum is aligned with DSLCL's commitment to fostering independence, self-confidence, problem-solving skills, and creativity.

Accommodations

Dulcinea Spanish Learning Center (DSLCL) supports all children by providing accommodations tailored to their unique needs.

Therapist:

Therapists and specialists are welcome to provide on-site support before 10:00 AM with prior written authorization from parents. Therapists must call ahead to schedule their visit with the center.

Supportive Environment:

Quiet spaces are available for therapy sessions, and staff offer individualized guidance during activities.

Developmental Milestone Checklists and Early Intervention Support

To support the growth and development of children in our care, DSLCL utilizes developmental milestone checklists to monitor progress and identify areas where additional support may be beneficial. This approach is designed for all age groups except for the School-Age Only programs, which include Single Skill After School and Non-traditional Care Only programs.

Program Philosophy

Children learn best by playing. We have created a play-based child care program. DSLC gives children enriching learning opportunities in a diverse and loving environment. We focus on learning through a balance of child directed and teacher directed play experiences every day.

Program Goals

The most important goal at DSLC is to respect every child's unique personality, culture and encourage children to become enthusiastic learners. This means teaching children to be active learners and creative explorers. DSLC goals include, but aren't limited to helping children become independent, self confident, and inquisitive learners.

Development Focus Areas:

- **Social:** To help children feel comfortable in school, trust their environment, make new friends, feel part of the group, learn social skills, manners, respect for others, and what it means to be a good friend.
- **Emotional:** To help children experience pride, self-confidence, develop independence, self-control, compassion and empathy for others, and have a positive attitude towards life.
- **Cognitive:** To help children become confident learners by trying experiments and asking questions. Teaching children they have the ability to solve problems by acquiring thinking skills, and words that describe feelings.
- **Physical:** To help children increase their large and small muscle control and feel confident in what their bodies can do.

Enrollment

DSLC Learning Center San Antonio, LLC is a Licensed Child Care Center regulated by the Texas Department of Family and Protective Services and Child Care Licensing. The Parent Handbook reflects policies and procedures required by TX DFPS and Child Care Licensing Minimum Standards.

**** Non-compliance of the Parent Handbook can result in termination***

Please help DSLC operate in a professional manner by reading and filling out all necessary forms. It is important that you are aware of all DSLC policies, as we want you to be able to make your child care decision based on the terms we have provided. Please understand it is your responsibility to immediately submit any changes to immunizations, phone numbers and/or addresses. You may update any information in person or may send an email to fernandagalvan@me.com.

Hours of Operation

DSLC is open between the hours of **6:30am -6:30 pm** Monday-Friday.

Procedure for Updating Contact Information

We understand the importance of maintaining up-to-date contact information to ensure effective communication and the safety of all children. To streamline this process, we provide parents with the ability to update their contact information at any time.

Options to update Info.

- 1) Contact director via message,email, In person, or whatsapp
- 2) Message us through HiMama (lilio)
- 3) Edit your childs file in person at the facility

Weekly Tuition

Weekly tuition is due every Monday and is based on the weekly tuition cost and remains the same each month regardless of holidays, closures, or how many weeks are in each month. Holidays, scheduled closing, and mandatory training days are figured into the annual tuition cost each year and weekly tuition has already been adjusted accordingly. This annual tuition cost is subject to change with advanced notice if there is a projected increase in business expenses or due to inflation. Weekly tuition ensures your child a secured enrolled spot at DSLC. If your child is out for the day due to an illness, emergency, or on vacation, the standard tuition rate is still charged and will not be discounted or pro-rated. If your Child is out for the entire week or the days designated to attend (daily plan), parents will only pay half the tuition to reserve your Child's spot.

- **Anual Non-refundable Registration Fee-** \$100 is due upon submission of enrollment packet.
- **Returned Check Fee-** \$35 will be charge on all returned checks. This fee is to be paid immediatly, 2nd returned check will result in a CASH ONLY payments.
- **Late Tuition Fee** (with approval.) If not paid by Wednesday morning at drop-off there is an initial fee of \$35 and there is an accumulating \$5 for each additional day. **Excessive late*

payments are subject to immediate termination.

- **Late Pick-up and drop-in Fee-**\$2 a minute for every minute your child is picked up after 6:30 pm, or arrive after 10:00 am. Please understand DSLC start routines and learning activities at 9:00am and closes and locks its doors at 6:30 pm sharp!
- ***Parents with Workforce** will still be charged Center fees and are held responsible by this policy.

****Please note: tuition fees, registration, and any enrollment supplies are all non-***

refundable.

****If you leave the center with a balance on your account, your account may be sent to a collection's agency. ****

Card Number: _____ **Exp.date:** _____ **CVV:**
_____ **Name on Card:** _____

Holiday and School Closures

DSLCL follows the AISD severe weather closures and delayed school start. If AISD has an unexpected school closure or delayed start day due to severe weather DSLCL will also close or be on a delayed opening. Please pay attention and watch local weather news channel for this information. An updated calendar of Holiday and School Closures will be given at the beginning of every New Year.

- New Year's Day 4
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day & the Friday after
- Christmas Eve
- Christmas Day
- New Year's Eve (half day)
- New Year's Day

Other circumstances that DSLCL would require closing are as follows.....

- No electricity for an extended period of time.
- Phone service not available, leaving us without a way to contact emergency services or parents in case of an emergency.
- Gas leak.
- No water services for an extended amount of time.

Adjustment Period

The first 4 weeks of child care is considered the "Adjustment Period" or trial time. Most children transition comfortably into our flexible, supportive setting and routine. We want our child care center to be the 'right fit' for your family. It will be the director and teachers' responsibility to let you know if your child is having a difficult time transitioning into their new child care environment. It will be the parents' responsibility to let us know during this time if they have any concerns.

Withdrawal

If a parent finds it necessary to withdraw their child from DSLCL, a written two week notice must be provided for your child's file. Tuition must be paid through the last day of notice. If you choose to withdraw your child before the two week notice, you will still be responsible for the remainder of the notice, at the standard tuition rate.

Difficult Behaviors

Our #1 priority here at DSLCL is to keep all children safe physically and emotionally. Children that show impulsive and/or aggressive behavior will be placed on a Behavioral Modification plan. Staff will meet with the parents to set up the behavior plan. The plan will include a timeline for improvement and

Initials _____

details for home support. The teacher will update parents daily about the child's behavior through word of mouth or incident reports. If behavior improvements are not made in a reasonable amount of time, the director may choose to terminate care.

Termination of Child Care

The DSLC director may choose to terminate child care for the following reasons.

- Child verbally and/or physically harms other children, teachers or property. Aggressive behavior, inappropriate behavior and/or impulsive uncontrollable behavior.
- Inability to meet child's needs without additional staff.
- Picking your child up from DSLC under the influence of any substance.
- Giving your child over-the-counter medication to hide symptoms of illness or fever and sending them to school anyway, exposing other children.
- If you do not comply with DSLC Parent Handbook.
- If a parent/guardian acts threatening, intimidating, out-of-control, or causes a dramatic scene in the presence of teacher's, children, or director.
- Excessive late tuition payments.
- Excessively late picking up your child.
- Payments not made in timely manner

Communication and Complaint Procedure

Open Communication is very important to us at DSLC. We communicate with parents in a variety of ways. We may send you a text or email, call you on the phone, send home a newsletter, or schedule a parent/teacher conference. There may be some situations you will be asked to give written acknowledgement that communication has taken place. DSLC welcomes questions, feedback, and concerns of any kind that affect a positive outcome for the children in care and the growth of DSLC. If a problem exists, we would like the opportunity to correct it as soon as possible. Sensitive issues may be discussed in the director's office privately.

1. Address any concerns with your child's teacher first, usually problems often can easily be solved by bringing them to her attention.
2. If your concern is not corrected, please contact the center director for an appointment to discuss your concerns.
3. Please allow 24 hours for director and teachers to work as a team to evaluate the information and come up with a "plan of action" everyone feels comfortable with and all can agree on.
4. After a reasonable amount of time if the problem still exists or we are unable to arrive to a solution, we may need to discuss if it's in the family and/or DSLC's best interest for the child to remain in care.

DSLCL Rules

- Children must arrive on time to school ready to participate. Children must be appropriately dressed for the day, wearing shoes, clean diaper, have eaten breakfast and bathed.
- Children are never allowed to open or close doors. “Door knobs are for Teacher/Parent hands only!” Please help us enforce this rule for the safety of all children.
- Everyone must have inside voices and walking feet while inside the building.
- We take care of the toys, supplies and furniture –we do not pretend to play with weapons or throw toys, pound or smash objects or furniture. Climbing and jumping happens outside.
- Children are expected to treat teachers, parents, and each other with respect.
- Name-calling, teasing, talking back, bullying, swearing, bossing, hitting, pushing, biting, grabbing, kicking, pulling, pinching, and spitting are not allowed and will not be tolerated.

Conflict Resolution

The problem-solving approach we use is based on six meditation steps. These steps are used during emotionally charged conflict situations. The steps are: (1) approach calmly, stopping any hurtful actions; (2) Acknowledge children’s feelings; (3) Gather information; (4) Restate the problem; (5) Ask for ideas or offer solutions and choose one together; and (6) Give follow-up support. The six steps are used differently depending on the age and developmental levels of the children. The Goal: As children mature, they are able to take over more of the process themselves, and eventually are able to do it independently.

Discipline & Guidance

DSLCL believes that the most effective way of enforcing positive behaviors is to take a “Love and Logic” approach. This is based on a mutual respect of the child’s needs and development. Positive guidance uses empathy, consistency, redirection, and acceptance of feelings, firmness, and fairness. We use strategies to engage children in their own “problem-solving” so they can negotiate, compromise, and work problems out together. Children are encouraged to express their feelings verbally to resolve conflicts rather than “act out” their feelings. Depending on the infraction a brief “thinking time,” or visit to the “calm down” area may be necessary. Parents may be called if there is a repetitive behavior problem that needs immediate attention. DSLCL never uses corporal punishment or negative discipline that may hurt or humiliate a child.

Corporal Punishment

Corporal Punishment will not be tolerated and is not permitted at DSLCL. Any knowledge obtained by DSLCL staff, must by law, reports all incidents to CPS (Child Care Protective and Services). This includes but is not limited to spanking, popping a child on the hand, buttocks, or any part of the body. Hitting a child with an object, using threatening words, yelling at a child, using profanity with a child or the use of threatening gestures made towards the child.

DISCIPLINE AND GUIDANCE POLICY (Return to Facility)

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 the child of behavior expectations daily by using clear, positive statements;
3. Redirecting behavior using positive statements; and
4. Using brief supervised separation or timeout 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 in or out of the center:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, naps or toilet training
3. Pinching, shaking, or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language:
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapter 746 and 747, Subchapters L, Discipline and Guidance.

My initials and signature verifies I have read and received a copy of this discipline and guidance policy.

_____ Parent _____ Employee

Signature: _____ Date: _____

(Center must make a copy for the child and employee's file)

Suspension & Expulsion

Note: If a child continues to be physically aggressive with other children in the center after reasonable steps are taken to prevent injury to him or herself and to others, a meeting will be set up with the parents to decide the best course of action for the child. A child may be temporary or permanently removed from the center after repeated occurrences of verbal and physical aggression.

Per Texas DFPS §746.2805 Parents will not/cannot physically discipline, yell at, belittle, threaten or show any form of inappropriate interaction with your child(ren) while in the center. We are bound by law to report any actions that may endanger the child or place them at risk.

Sign-in & Sign-out

Parents MUST sign their child “In” and “Out” of DSLC every day through an app. Once your child is signed out they are no longer considered DSLC's responsibility. Please supervise your child (and siblings) at all times.

Absences

Unless, we have already established a day that you regularly keep your child home, please notify DSLC if your child is going to be absent as soon as possible.

Arrival

DSLCL morning arrival time is between the hours of 6:30 am-10:00 am. Breakfast is served at 6:30 am to 8:00 am. Children arriving after 8:00 am will not be guaranteed a breakfast, therefore please make sure your child has eaten breakfast at home if arriving after 8:00 am. Late arrivals cause disruptions for teachers and other students, please respect our policy and have your child to school on time.

Departure

DSLCL closes its doors at 6:30 pm. Parents often presume our closing time means pick-up time, but in fact, 6:30 pm is when we lock our doors for the day. Please arrive in enough time to be out of the center by 6:30 pm. Please refrain from using your cell phone during drop off and pick up time. This will help improve communication between staff, children and families.

Pick-up times are often a time of testing. When two different authority figures are present (parent & teacher) children will frequently ‘test’ boundaries to see which adult will enforce the rules. Please support your child’s teacher, as they will support you when enforcing the rules. The rules are in place to keep the children safe.

If you arrive to pick up your child intoxicated or under the influence of any substance, we will not be allowed to release your child from my care, we will call your emergency contacts listed in your child’s file to safely pick up your child.

Children are not allowed to be released to a minor, even if you have listed that person as your authorized pick up person. Parents must also accompany their children to the front door and to their

vehicles. Children may never be left unattended outside the center or alone in a vehicle, regardless if the windows are down or if the car is running.

There is a late fee of \$2 per minute, for every minute you arrive after 6:30 pm to pick up your child.

**Fees are due immediately at pick up.*

Emergency contacts will be called starting at 6:20pm. CPS and local authorities will be contacted at 6:40 pm.

Authorized Release of a Child

Departing children will only be released to their parents and people identified on the “ Alternate Emergency contact Person”, located on their original Admission form. It is your responsibility to add or remove people when necessary. We keep all copies of ID’s on file.

- If you know in advance that someone on your authorization list will be picking your child up from DSLC please notify the director immediately. The pick-up person must show positive identification upon arrival. The director will view their driver’s license and make a copy of it for your child’s file. If they aren’t able to present proper identification, your child will not be allowed to leave with that person.
- If you have an emergency and need to send someone to pick up your child, who is not listed on the release form, you will be required to call the director and give her the designated pick-up person’s full legal name and physical description. A copy of their license will be put in your child’s file. If they aren’t able to present a driver’s license, or do not match the full legal name or description you provided, your child will not be allowed to leave with that person. Any late fees that accrue if your designated pick-up person is late, will be your responsibility and will have to be paid immediately.

Breast Feeding

Breastfeeding mothers and employees shall be provided a private and sanitary place (other than a restroom) to breastfeed their babies or express milk. Sensitivity will be shown to breastfeeding mothers and their babies.

- We will work with parents prior to their infant's first day in child care to transition their infant to a bottle or cup feedings.
- We will work with parents to make an emergency plan for feeding their infant in the unexpected event that there is no breastmilk available at the child care program. **10**
- We will develop a feeding plan with each family including feeding infants on demand as we observe hunger cues and coordinating the last feeding of the day to meet the mother's feedings needs (either to feed or await mother's feeding), with the understanding that we will feed the infant if the infant is inconsolable and in distress.
- We will communicate the infant's changing schedule so a mother can adjust her schedule for pumping and/or visiting to feed her infant.

Nap

Each child is required to have a rest time according to TX Minimum Standards 747.2801 It reads: *You (the provider) must provide a supervised sleep or rest period for all children 18 months and older who are in care 5 consecutive or more hours, **according to the child's individual physical needs.** Rest periods must not exceed 3 hours. We cannot force a child to sleep nor will we wake a sleeping child before nap time is over. Children who are still awake after resting quietly for 1 hour will be given books to read until the scheduled nap time is over. If your child is not capable of lying quietly or sleeping during the scheduled nap time and/or continually disrupts other sleeping children, *you may be subjected to termination.**

Snacks & Lunch (Family Style lunches and snacks, meaning we all sit down and eat together.)

If your child has any food allergies you must provide us with a doctor's statement of this information to keep on file. All staff members are educated on food allergies and take precautions to ensure children are protected. You may replace any meals that your child cannot eat. DSLC provides breakfast, lunch, and snacks. Liquids hotter than 110 degrees F are kept out of the reach of children. Staff members do not reward good behavior or clean plate with foods of any kind. Any food brought in for special events to be shared among children must be commercially prepared or prepared in a kitchen inspected by local health officials.

Initials _____

Meals and Snack are as follows:

6 30am to 8:00am - Breakfast

10:30am to 12:30am - Lunch (Hours vary according to age group)

3:00pm and 6:00pm - PM Snack

We serve Breakfast, Lunch and an afternoon snack. If you are arriving after breakfast has been served, we ask that you feed your child before entering the center. The child will not be able to eat any food brought in during activity hours.

We encourage the children to drink from regular cups. Only children 18mths – 23mths or ones considered having some special needs may be allowed a cup with a top on it only if their skill and motor level requires that they use one. If a child has the skill to use a regular cup, regular cups will be used and the center provides the cups during meal time and snack time. All equipment children use must be age appropriate or otherwise stated by the child’s doctor. All doctor’s health statements must be in file to be approved for any equipment or meal modification.

Special Events

It is not our responsibility to pass out invitations for specific events. If you would like to invite your children’s classmates or anyone else in the center, YOU must pass out any and all invitations. Invitations should be addressed to either the specific individual or ‘To the Parents of or to ‘To Those in Miss/Mr. (Teacher) Class.

We do however encourage children to recognize the true value and experience of giving and appreciating the talents of others and themselves. Parties are arranged and scheduled during the week and some weekends for this purpose. You are more than welcome to join us in the appreciation of life.

Drugs, Smoking and Alcohol

DSLCL will not tolerate the use of drugs, smoking or alcohol on or around its premises. We ask that respect is shown for the children by not participating in any of the above mentioned while present at the Center. Even while sitting in a car and parked outside of the property, smoke can travel inside the property of DSLCL. If alcohol is detected on the person picking up a child or the person appears to be impaired, Center administration has the choice of speaking with the individual or contacting the authorities. Any illegal activity or suspicion will be reported to the proper authorities. We ask that none of the above is done in front, around or in the presence of any child.

SMOKING IS NOT PERMITTED WITHIN 25 FEET OF THE CHILD CARE CENTER’S PROPERTY.

Money, Jewelry or Small Objects

Please do not send your child to the Center with any money, coins, charms, necklaces, bracelets or any small object that could be placed in the mouth and easily swallowed. These are considered choking hazards and we ask that the child be spared the actions of having them removed and placed in their backpacks or individual cubbies. DSCLC employees or **staff is not responsible** for any items not accounted for.

ILLNESS AND EXCLUSION CRITERIA

Illness and Exclusions

A **health check** will be conducted upon arrival by staff. The health check may consist of any of the following: parent-staff communication about the child's night and morning, observation of the child's facial area and exposed extremities for injury or signs of illness, observation of the child's behavior, and touching the child's forehead for signs of fever. The child will be sent home immediately if symptoms of fever, contagious diseases or illness are present. We ask that you have a back-up person you can call if we have an emergency or if your child is sick. If we have an emergency, we will let you know as quickly as possible so that you can make other arrangements for your child. If your child has been hospitalized for any reason you must submit a doctor's statement stating your child may re-enter the childcare environment. Depending on the health of the child, the Director or Administration may decide not to extend care if they feel they cannot keep your child safe.

We will not care for a child who is feverish.

1. If your child has thrown up or had diarrhea within the last 24 hours please keep him/her home.
2. If your child is not feeling well, we do not give him/her Tylenol to mask his/her symptoms. Fever reducing medication may be given only for the following reasons: If prescribed by a doctor, for teething pain, for immunization pain, and to reduce high fevers in an emergency.
3. If your child throws up the night before and seems fine the next day, he/she is more than likely still contagious to the others. You must wait 24 hours. All the children use the same toilet and washroom and they often "mouth" the same toys. They are often very affectionate with each other and it is very difficult to keep a sick child from infecting everyone else.
4. If your child displays any of the following symptoms accompanied by a fever of 100 degrees or above orally, you will be notified by our staff to pick up your child within one hour.
5. Any child with a fever of 100 degrees or higher orally will not be permitted to return to the center for 24 hours from the time of pick up.
- 6. Children may return only if symptom-free for 24 hours or if accompanied by a doctor's note stating that the child is not contagious and may return.**
7. If your child is taken to doctor and administered well check injections, the child may not return for 24 hours, so that parents can look over child and watch for any/all side effects.

Symptoms/Illnesses are defined as but not limited to:

- Fever
- Conjunctivitis (pink eye) or "cold in the eye"
- Flu
- Unusual rash
- Severe cough
- Excessive Cough
- Discolored Nasal Discharge
- Rapid breathing or labored breathing
- Grey or White Stools
- Severe cold
- Loss of appetite
- Diarrhea or loose stools (two)
- Severe itching or scratching of the body or scalp or Head lice
- Unusual behavior
- Contagious illness
- Illness of any sort, which results in child being too ill to participate in daily activities.

Again, we will not accept the child for care if any of the above symptoms are present or have been present within the last 24 hours. If the child shows any of the symptoms while in care, we will remove him/her from the group and notify the parent or authorized adult to pick up the child. Parents have one hour from time of notification to pick up the child.

The child may return 24 hours after a temperature has returned to normal, 24 hours after the child is no longer vomiting, or 24-48 hours (depending on the illness) after the first dose of an appropriate medication.

If a child receives an antibiotic for an ear infection that child may return to DSLC immediately if he/she has been free of other symptoms mentioned for at least 24 hours. NOTE: **If a child cannot participate in the regular activities, go outside, stay with the group or demands more than the usual attention from the caregiver or teacher, thus effecting the care given to other children, the child CANNOT stay in care and must be taken home. A child will not be permitted to sleep all day, stay separate from the group or be given more than the usual attention.**

Parent(s) must notify DSLC if there has been an illness in the family over the weekend, if your child has been hospitalized or if there has been an illness affecting the majority of members in the household. We like to keep all parents notified in the event of any and all illnesses that may affect their family, so that we all can take the proper precautions for the center and the children. Notifications will not include the name of the child or the employee.

Procedures for dispensing medications

DSLCL does not provide nor administer medication to children in care.

Procedures for handling medical emergencies

All parents must document in their child's file which hospital your child will be taken to in case of a medical emergency. Please update this information regularly. All fees associated with emergency services are the sole responsibility of the parent or guardian of the child.

DSLCC will respond to all emergencies by first evaluating the child. If the child is not in any serious harm, the parent will be contacted. If the child is in serious harm, we will call 911 and then call you, the parent. First Aid will be applied as needed; the use of CPR will be used if necessary. Parents will be notified immediately of the child's situation and requested to come to or meet the child. Emergency services will be called in cases of severe situations where the life or health of a child is at serious risk.

Physical Activity

All children will go outside for physical activity at least twice a day, weather permitting. Children will be provided physical activity indoors (classroom) and outdoors (playground area) to benefit large muscle development. Structured and unstructured physical activity will be implemented. Structured physical activity will be conducted by the teacher following our curriculum guidelines. Unstructured physical activity will be child led but teacher will supervise children at all times. For example, (free play or child choice physical activity). Children must wear appropriate clothing and footwear that will allow your child to participate freely and safely. We will conduct no more than 60 minutes of physical activities that will be broken up into two sessions throughout the day. If extreme weather is occurring children will not be allowed outside that day and will continue physical activities indoors.

Insect Repellent

Most insects do not carry human disease and most insect bites only cause mild irritation. Insect repellents may be used with children older than 2 months in child care where there are specific disease outbreaks and alerts. As with all pesticides, care should be taken to limit children's exposure to insect repellents (1). Caregivers/teachers should consult with a child care health consultant, the primary care provider, or the local health department about the appropriate use of repellents based on the likelihood that local insects are carrying potentially dangerous diseases (e.g., local cases of meningitis from mosquito bites). This information should be shared with parents/guardians, and collective decisions made about use.

Insect repellent requires the written permission of parents/guardians and label instructions must be followed. It does not require written permission from a primary care provider (Please label) .

Repellents containing DEET

Repellents with 10%-30% DEET offer the broadest protection against mosquitoes, ticks, flies, chiggers, and fleas. Caregivers/teachers should read product labels and confirm that the product is 1) safe for children and 2) contains no more than 30% DEET. Most product labels for registrations containing DEET recommend consultation with a physician if applying to a child less than six months of age.

The use of DEET should reflect how much time the child will be exposed to biting insects (2):

10% DEET is generally effective for two hours.

24% DEET is generally effective for five hours.

Products with more than 30% DEET should never be used on children.

Do not use products that combine insect repellent and sunscreen. This is because sunscreen may need to be re-applied more often and in larger amounts than repellent.

If sunscreen is also used, apply sunscreen FIRST. DEET may decrease the SPF of sunscreens by one-third. Sunscreens may increase absorption of DEET through the skin).

Other Types of Insect Repellents

Picaridin and IR3535 are other products registered at the Environmental Protection Agency (EPA) identified as providing repellent activity sufficient to help people avoid the bites of disease carrying mosquitoes (4). Para-menthane-diol (PMD) or oil of lemon eucalyptus products, according to their product labels, should NOT be used on children under three years of age (4,5).

General Guidelines for Use of Insect Repellents with Children:

As noted above, insect repellents may be applied to children older than two months. In addition to consulting label instructions, teachers/caregivers may follow these guidelines:

- a. Apply insect repellent to the caregiver/teacher's hands first.
- b. When applying insect repellent on a child, use just enough to cover exposed skin.
- c. Do not apply under clothing.
- d. Do not use on children's hands.
- e. Avoid applying to areas around the eyes and mouth.
- f. Do not use over cuts or irritated skin.
- g. Do not use near food.
- h. After returning indoors, wash treated skin immediately with soap and water.
- i. Caregivers/teachers should wash their hands after applying insect repellent to the children in the group.
- j. If the child gets a rash or other skin reaction from an insect repellent, stop using the repellent, wash the repellent off with mild soap and water, and call a local poison center (1-800-222-1222) for further

guidance (4). If repellent is used on broken skin or an allergic reaction is observed, discontinue use and notify the parent/guardian.

Sunscreen

Parent(s) must provide and give DSLC permission for staff to apply sunscreen SPF30 (or higher) broad-spectrum, water-resistant sunscreen that parent(s) have supplied and labelled with my child/children's name to all exposed parts of my child's skin including their face, neck, ears, arms and legs. The sunscreen will be kept at DSLC and it is parent's responsibility to make sure there is always an adequate supply available.

Screen Time

TV or Screen time is only used for learning opportunities for children older than 2 years of age. As per Texas Childcare law, children under the age of 2 are not allowed to have screen time and are offered an alternate activity.

Required Immunizations for Childcare Centers

Each child enrolled to the center must meet all applicable immunization requirements specified by the Texas Department of Health. The requirement applies to all children in care from birth to 17 years of age.

If child does not participate in the traditional vaccination schedule, a note from the child's physician needs to be given stating child is under care and healthy.

Documentation acceptable for immunization records must have been validated by a physician or other health-care professional with a signature or rubber stamp and must include: the child's name and birth date, the number of doses and vaccine type, and the month, day, and year the child received the vaccination.

Documentation on file at our center may be the original record, photocopy or a handwritten copy that the child-care center director had signed. Note: ***This must be provided before your child will be admitted for his/her first day of care.***

We must have a written statement from a health care professional who has examined the child within the past year, indicating the child is physically able to take part in our child-care program.

NOTE: Children enrolled in child-care facilities, pre-kindergarten, or early childhood programs shall have the following.

Age-appropriate vaccination against diphtheria, pertussis, tetanus, poliomyelitis, *Haemophilus influenzae* type b, measles, mumps, rubella, hepatitis B, and varicella in accordance with the Texas Department of Health Immunization Schedule as informed by the Advisory Committee on Immunization Practices' (ACIP) recommendations and adopted by the Texas Board of Health and **Initials**

published in the *Texas Register* annually. A copy of the current schedule is available at www.ImmunizeTexas.com or by mail to the Texas Department of Health, 1100 West 49th Street, San Antonio , Texas 78756.

Hepatitis A. Age-appropriate vaccination against hepatitis A for children attending a child-care facility, pre-kindergarten or early childhood programs located in a high incidence geographic area as designated by the department. A list of geographic areas for which hepatitis A is mandated shall be published in the *Texas Register* on an annual basis and is available **www.ImmunizeTexas.com** or by mail to the Texas Department of Health, 1100 West 49th Street, San Antonio , Texas 78756.

Vaccine-Preventable Diseases for Employees

The specific immunizations needed as an adult vary on such factors including age, overall health as well as persons you are in close contact with. Some immunizations required for are employees may include:

- Influenza (Flu) – this immunization helps protect against the flu. When determining if a flu shot is required some factors to consider are people at a higher of risk of severe flu and persons with close contact with others who are at a higher risk of flu including persons who care for children younger than 12 months of age.
- HepA (Hepatitis) – this immunization helps protect against the hepatitis A disease. Factors to be considered when determining the need for the HepA immunization can include anyone who will be in close contact with a person or child from a country that has high rates of Hepatitis A.
- Pertussis (Whooping Cough) – two immunizations known as DTap and Tdap help protect against this disease. Whooping cough is very contagious and most severe for babies. Factors to consider when determining the need for this immunization include determining the level of risk associated with certain persons and caregivers who are in close contact with infants. It is important to understand that whooping cough is usually spread by coughing or sneezing and many babies who get whooping cough are infected by persons including caregivers who might not even know they have the disease.

Tuberculin testing requirements

Our staff is required tuberculin testing to assure they are free from Tuberculosis. Tuberculin testing is not required at our child care center unless your child has been exposed to it. At that point we will need documentation that the child can start at our child care center. Our staff is required

Covid-19

The virus that causes COVID-19 can infect people of all ages. While the risk of serious illness or loss of life is greatest in those 65 years of age and older, persons in every age group can get COVID-19 and some will have a severe illness. We should all be thankful that, with rare exceptions, COVID-19 is not claiming the lives of our children. However, we can never forget that a child with a mild or even asymptomatic case of COVID-19 can spread that infection to others who may be far more vulnerable. COVID-19 is spread from person to person through contact that is close enough to share droplets generated by coughing, sneezing, speaking and even just breathing. COVID-19 can also be spread by touching objects where contaminated droplets have landed. Because of this easy manner of

transmission, an infant, child or young person who is infected with COVID-19 can spread the infection to others they come in close contact with, such as members of their household, teachers, or other caregivers. We have learned that infected persons with mild or even no symptoms can spread COVID-19. These facts are vitally important when considering Learning Centers, youth camps and other places that provide care and education for our children. One thing is for certain: education and childcare are essential and we must find reasonably safe ways to restore these services so that our children can be cared for, educated and their parents and guardians can return to work. We must find ways to protect our children from COVID-19 and ensure that they do not bring the infection to others, such as other household members, who may be at high risk for severe infection or even loss of life. For adults in the workplace or other public spaces, we are confident that if certain measures such as cloth face coverings or non-medical grade masks, respiratory etiquette, frequent hand washing / hand sanitation and environmental cleaning and sanitizing are widely observed, we can then proceed with reopening Texas in a safe and measured way. However, some of the protective measures that we can expect from adults, such as wearing cloth face coverings and maintaining distance from one another, are, for a variety of reasons, simply not possible for infants, children and youth to practice in schools, Learning Centers and youth camps. In some cases, the child will be too young to understand and practice these precautions. We cannot, for example, expect a group of toddlers or schoolchildren not to engage in interactive play or share toys, for example. All of these factors mean that while certain precautions against the spread of COVID-19 can and will be applied to schools, Learning Centers and youth camps, the infection control measures that can be put in place in these settings will differ somewhat from those that are suitable for other social, business and commercial settings. Therefore, every child care provider who is responsible for providing care or education for infants, children and youth in these settings must be aware of these facts and be willing to comply with the infection control measures that will be in place in these settings. **Parents or guardians should monitor the health of their child and not send them to Learning Center if they are displaying any symptom of COVID.** Parents or guardians should seek COVID testing promptly and report results to the program given the implications for other children, families, and staff. Individuals aged 65 or older are at a higher risk of COVID-19. Parents or guardians should protect any vulnerable persons who are members of the same household or come into frequent, close contact with infants, children and youth who attend Learning Center. The following are the minimum recommended health protocols for all child care centers choosing to operate in Texas. Child care centers may adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all employees and children. The virus that causes COVID-19 can be spread to others by infected persons who have few or no symptoms. Even if an infected person is only mildly ill, the people they spread it to may become seriously ill or even die, especially if that person is 65 or older with pre-existing health conditions that place them at higher risk. Because of the hidden nature of this threat, everyone should rigorously follow the practices specified in these protocols, all of which facilitate a safe and measured reopening of Texas. The virus that causes COVID-19 is still circulating in our communities. We should continue to observe practices that protect everyone, including those who are most vulnerable. Please note, public health guidance cannot anticipate every unique situation. Child care centers should stay informed and take additional actions based on common sense and wise judgment that will protect health and support the safety of children in care.

Enrollment procedures, including how and when parents will be notified of policy changes

Parents may pre-enroll their child. Parents must access the Parent Handnook online via the centers website www.dulcineaspanshLearningcenter.com. Parents will receive an updated page and reminders to check the website for updates when changes or additions have been made.

Safe Sleep

Texas childcare Form 2550 provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy for children 0-24 months of age. (See attachment)

Hearing and Vision Requirements

Parents with children turning 4 and 5 will be reminded about hearing and vision requirements.

Transportation

DSLCL will not provide transportation.

Water activities

DSLCL will sometimes conduct Sprinkler play

Field trips

DSLCL will not provide field trips.

Animals

DSLCL wants to inform you about Bruno, a cocker spaniel, who is sometimes used at the school so that kids have visual contact with him and speak to him from a distance. The kids do not have any physical contact with Bruno. If you have any questions or concerns, please let us know so we can make proper arrangements.

Questions or Concerns

Conference can be scheduled with the Director by emailing Dulcineadaycare@gmail.com or call (210) 236-7137

Parent Provided Items

Infant: There may be times when parents are asked to provide item(s) for a certain project. Parents will be notified in advance of anything needed for your child. One to two changes of clothing may be

needed for your child. A jacket will for early morning hours when it is cool and during the winter/fall season. Items that the center uses daily may be requested such as Kleenex and wipes.

Infants will also need unless informed otherwise:

- Their own food
- Milk or formula
- Wipes
- Diapers/pull-ups
- Additional clothing
- Any ointments used for changes

Infants not yet able to turn over on their own must be placed in a face-up sleeping position in the infant's own crib, unless you have a completed Sleep Exception Form that includes a signed statement from a health-care professional stating that a different sleeping position for the child is medically necessary or child is physically developed to turn over on their own.

Sudden Infant Death Syndrome (SIDS), the sudden and unexplained death of an infant, is the major cause of death in babies between 1 and 4 months old. After 30 years of research, scientists still cannot find a cause for SIDS; however, research has found the risk of SIDS may be reduced by placing a healthy infant on his or her back to sleep.

If the infant was born with a birth defect, often spits up after eating, or has a breathing, lung, or heart problem, a doctor or nurse may recommend a different sleep position to use.

Providing “tummy time” several times each day is important because it prepares infants for the time when they will be able to slide on their bellies and crawl. The caregiver needs to stay near and closely supervise the infant during tummy time.

Toddler: There may be times when parents are asked to provide item(s) for a certain project. Parents will be notified in advance of anything needed for your child. One to two changes of clothing may be needed for your child. A jacket will be needed for early morning hours when it is cool and during the winter/fall season. Items that the center uses daily may be requested such as Kleenex and wipes. The center provides all sippy cups if needed.

Toddlers will also need:

- Pull-ups
- Wipes
- Additional clothing
- Any ointments used for changes

PreK: There may be times when parents are asked to provide item(s) for a certain project. Parents will be notified in advance of anything needed for your child. One to two changes of clothing may be needed for your child. Please have your child wear a jacket for early morning hours when it is cool and during the winter/fall season. Items that the center uses daily may be requested such as Kleenex and wipes.

Permissions Photo: Yes No

Be sure to fill out the permission form, giving the center permission to take pictures, video and capture and use your child’s image for educational use and advertising. Occasional forms may be presented for parents to sign as a group or individual depending on the type of request.

Parent Conferences

DSLCL will offer parent conferences two times a year. We will use this time to discuss your child's developmental milestones they have accomplished throughout the year.

Minimum Standards

Parents may review a copy of the Minimum Standards online by visiting the DFPS website. A recent copy of the Licensing Inspection Report will be located on the Parent Board located at the entrance of the Center.

Local Licensing Office: San Antonio

3635 SE Military Drive San Antonio,
TX 78220-4225
Phone: 210-337-3399

DFPS Child Abuse

Hotline:

1 800 252-5400

Websites:

www.dfps.state.tx.us
www.hhs.texas.gov

Program Evaluation

Our goal is to assure your child is learning and is developing accordingly to age appropriate curriculum and activities. We provide quality learning environments for all age groups and assure the proper development of your child. We provide and evaluation to assess the needs of your child and their learning environment.

The Program Evaluation helps us determine how well we are implementing strategies to strengthen your child's learning. It allows us to identify areas for improvement. The Self-Assessment outlines how the protective factors can be supported through small but significant changes in program practices. It is designed towards supporting the families we serve.

Child Abuse/Neglect

Texas State Law and DFPS requirements state that childcare providers are required to report immediately to the police or DFPS any reason of suspected child abuse, neglect, or exploitation. We are not obligated to inform parents/guardians of this report.

The state of Texas offers free information for parents regarding the safety of children. You may contact them by phone: 210-337-3399 or feel free to visit their website at www.dfps.state.tx.us and to report

child abuse secure website: <https://www.txabusehotline.org> or by phone: 1-800-252-5400

Caregiver Trainings for Abuse Neglect

All caregivers are given Abuse Neglect trainings as part of the requirements under State laws and regulations for childcare. Each caregiver must complete the abuse neglect course before caring for children. This course must be updated in file every year for each caregiver.

METHODS, STRATEGIES AND ACTIONS for PREVENTING CHILD ABUSE

One of the first ways you can help a child who have been abused and neglected is to recognize the signs of child abuse. The presence of one of the signs on the list does not immediately indicate that the child is in an abusive situation. However, if signs are noticed repeatedly or in combination with several others, this could warrant investigating the child's environment further to check for child abuse. If you suspect that a child is being abused, do not wait to get help. Doing so may protect the child as soon as possible and could also help the family involved in the situation. The United States Department of Health and Human Services offers the following list of possible signs of child abuse and neglect:

THE CHILD:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

THE PARENT:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

THE PARENT AND CHILD:

- Rarely touch or look at each other
- Consider their relationship entirely negative 23
- State that they do not like each other

Community Resource for Abuse Neglect Children

About ChildSafe
(210)675-9000
3730 IH-10 East
San Antonio, TX 78220

<https://www.childsafe-sa.org/>

It is up to us to protect our children from abuse and neglect. Anyone can report suspicions of child abuse and neglect. Some professionals are even required by law to report possible abuse cases. If you believe a child you know has been abused, molested, neglected or otherwise maltreated, please report it today. For more information on reporting child abuse: Call the Texas Abuse and Neglect Hotline 24/7 at (800) 252-5400 or visit www.txabusehotline.org.

Gang-Free Zone

Under the Texas Penal Code any area within 1,000 feet of a child -care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to a harsher penalty.

Epinephrine

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to things such as certain foods, medicines, latex, or an insect sting. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal. Epinephrine is the drug of choice for treatment of anaphylaxis, and should be given as soon as possible at the onset of symptoms. If there were to be a student, a staff member, or other adult who developed symptoms of anaphylaxis at DSLC, there would be a delay before paramedics or ambulance staff could arrive. Therefore, having DSLC staff trained in recognizing anaphylaxis and quickly giving epinephrine may be life-saving. Students who have been identified as being at risk for an allergic reaction should have their own auto-injector of epinephrine at DSLC. However, some students or adults at DSLC may have their first anaphylactic reaction during operation hours. It is crucial for parent(s) to inform DSLC of any allergies their child may have and what medication is required of the child along with a health statement signed by the child's doctor.

Initials _____

PARENTAL RIGHTS (Return to Facility)

Please feel free to call and check on your child. We will also periodically call you to let you know how your child is doing if needed.

Parents may also notify the center director in order to review and discuss question/concerns about the policies and procedures of the childcare center. We ask that you give us at least 48-hour written notice so that the director can set up a time to meet with you.

Parents have the right to review a copy of the Texas Department of Family Protective and Regulatory Services licensing minimum standards and the child care center’s most recent licensing inspection report. We also keep a copy of the licensing minimum standards in our office and it can be reviewed at anytime during operating hours.

You also have the right to contact the local licensing office, CPS child abuse hotline and the CPS website.

By signing this you agree that this is a legally binding document. Failure to abide by the Operational Policies/Procedures Parent Handbook set forth will result in termination of contract, forfeiture of deposit or both.

- I have read, understand and received a copy of **DSL, LLC** Parent Handbook. Please know that these policies and procedures are reviewed annually and updated if necessary.
- I have received and understand each of the above policies and procedures. I understand the importance of following these procedures for continued enrollments of my child(ren).

Parent/Guardian’s Signature

Date

Childcare Representative Signature

Title

Date