

## Operational Discipline and Guidance Policy

This form provides the required information per Texas Administrative Code (TAC) 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.

### 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) 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 or open; and
- 9) 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 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 §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).



**Signature**

This policy is effective on the following date.....

Signed by:

Role:

☐

Parent

☐

Caregiver/Employee

☐

Household Member (CH. 747 only)

**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)



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**  
**AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA**

If I cannot be reached to make arrangements for  
emergency medical care for my child at the time of an  
illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden  
localizar para arreglar atención médica de emergencia para  
mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director  
PLCC Montessori Bilingual Institute

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment  
when my child is in the care of this physician or  
hospital or clinic.

Doy mi consentimiento para el tratamiento médico  
necesario estando mi niño bajo la atención de este  
doctor u hospital o clínica.

\_\_\_\_\_  
Signature-Parent or Legal Guardian  
Firma-Padre o Tutor

\_\_\_\_\_  
Date/Fecha





## SCHOOL PHOTO/ VIDEO RELEASE FORM

PLCC LLC may occasionally want to use photographs taken of students on the school website, social media or in school advertisements. PLCC LLC will only use a student's first name and age if anything at all is attached to a particular image.

Please review the photograph/ video consent options below and choose ONE box that best represents your request regarding the use of photographs/ videos at PLCC LLC.

       PUBLIC DISPLAY APPROVED. By selecting this box you approve of internal and external use of photos/ videos for PLCC LLC promotional purposes such as print advertisement, social media, newspaper articles or newsletters.

       MEDIA RESTRICTIONS By selecting this box you do NOT approve of internal and external use of photos/ videos for PLCC LLC promotional purposes such as print advertisement, social media, newspaper articles or newsletters.

\_\_\_\_\_ Signed by Parent/ Legal Guardian

\_\_\_\_\_ Print Name

\_\_\_\_\_ Student Name

\_\_\_\_\_ Date

\*\*\*\*\*This Form will be kept on file and referenced until otherwise noted\*\*\*\*\*

**\*\* DO NOT SIGN THIS PAGE UNTIL YOU HAVE READ THIS ENTIRE POLICY HANDBOOK. WE WILL STRICTLY ENFORCE ALL RULES AND POLICIES PRESENTED**

I have read and understood the PLCC LLC Policy Handbook, especially and specifically the sections regarding: Attendance, Medications and Illnesses, Discipline, Tuition and Fees, NSF Checks, Late Payment Fees, Late Pick Up Fees, Misc. Fees, Teachers and Holidays. I understand that by signing this contract I am bound by its contents. I agree to abide by these policies and pay my fees in a timely fashion. In the event that I do not abide by these policies, I understand that my child(ren) will not be able to attend this school and will be asked to leave. I understand that these policies and fees are subject to change at the owners' discretion, although the owners will do their best to announce any changes at least 10 days prior to the implementation of them.

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

Date \_\_\_\_\_

Parents Social Security # \_\_\_\_\_

Parents Drivers License # \_\_\_\_\_

Child (rens) Name(s) \_\_\_\_\_





Rule 746:5617

746-5611

Transportation Consent  
**PLEASE PRINT**

Location of Transportation: \_\_\_\_\_

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Numbers: \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_

Emergency Contact/number: \_\_\_\_\_ / \_\_\_\_\_

Emergency Treatment:

Dr. Guzman  
2308 W. expressway 83, Suite F  
Penitas, Texas 78576

Emergency Transportation:

Ambulance/ P.L.C.C. Vehicle

P.L.C.C. Information:

P.L.C.C. Montessori Bilingual Institute

824 E. Expressway 83

La Joya, Texas 78560

(956) 585-5993

(956) 735-6212

Director: Luis E. Montemayor / Amanda R Montemayor

Assistant Director: Vanessa Trevino

Parent Consent:

I give permission to transport my child to the listed location on the permission slip. I also give permission that in case of an accident/ emergency my child be transported and admitted to the emergency center listed above.

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





## FAMILY ORIENTATION CHECKLIST

Welcome! Selecting childcare is important to families. It is very important that parents are oriented to the childcare program where their child is receiving services. Knowing and understanding the policies and procedures of the childcare program can have a positive impact on families and their childcare experience.

This is your orientation checklist. We will be sharing information with you about our center and we are also providing you with a copy of the center's policies and procedures. This orientation is intended to help you understand what you need to know as you leave your child in our care. We plan to cover all areas listed below with you. If an area is not covered or if you do not receive a copy of the policies and procedures, please be sure to let us know.

- Tour of the facility
- Introduction to teaching staff
- Parent visit with the classroom teacher
- Overview of Parent Handbook
- Policy for arrival & late arrival
- Opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable
- An explanation of Texas Rising Star Quality Certification is provided.
- Encourage parents to inform the center/ provider of any elements related to their CCS enrollment that the provider may be of assistance.
- An overview of family support resources and activities in the community
  - Child development and developmental milestones provided
- Expectations of the family: Parents are informed of the significance of consistent arrival time: -before educational portion of school readiness program begins- impact of disrupting learning of other children- importance of consistent routines in preparing children for the transition to kindergarten.
- Statement about limiting technology use on site to improve communication between staff, children, and families (e.g., refrain from cell phone use). In order to facilitate better communication between the parent(s) and teacher and the parent and child it is best if parents are not distracted by use of electronic devices while at the center/ home.
- Statement reflecting the role and influence of families.

Reference: <https://texasrisingstar.org/wp-content/uploads/2019/03/TRS-Guidelines-March-2019FINAL.pdf>

My signature below indicates that I have received a copy of the center's policies and procedures and an orientation was conducted with me which covered all areas outlined in this orientation plan.

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

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



# Child Assessment Form

<b>Child Name (last, first, middle)</b>	<b>Social Security No.*</b>	<b>Enrollment Date</b>	<b>Date of Birth</b>
<b>Street Address (if rural, attach directions)</b>	<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Mailing Address (if different) -- Street or P.O. Box</b>	<b>City</b>	<b>County</b>	<b>Zip</b>
<b>Telephone No. (include A/C)</b>			

\* If applicable.

## 1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

## 3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		



## Child Assessment Form

What position is most comfortable for your child when he/she is napping?	
--	--

#### 4. Eating Preferences:

What are your child's favorite foods?	
---------------------------------------	--

Does your child use utensils, eat with fingers, feed self?	
--	--

Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

#### 5. Activities:

What activities do you like to do with your child?	
--	--

What activities does your child like to do when playing with other children?	
--	--

What does your child like to do when he is playing alone?	
---	--

#### 6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
---	--

I verify that the above assessment was discussed with the parent(s) of \_\_\_\_\_

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date Signed

#### Additional Comments:

--



**\*SIGN & RETURN BEFORE START DATE**

I, \_\_\_\_\_ have received a PLCC LLC Parent Handbook. I have read and agree to all of PLCC's policies and procedures. I have received all information on how to contact the local licensing office, PRS Abuse Hotline, and PRS website. My signature also verifies I have read and received a copy of PLCC's Discipline and Guidance Policy.

I, \_\_\_\_\_ am aware that I can access the PLCC Emergency and Disaster Plan on the website at [www.plccmontessori.com](http://www.plccmontessori.com) or in person at the facility where a copy can be furnished to me.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ understand that I have been advised of PLCC's play clothes agreement/ soiled clothing policy and will send my child, \_\_\_\_\_ to school wearing play clothes.

I also understand that Friday's are cubby clean out day and I must take all clothing and linens home to launder.

I, \_\_\_\_\_ acknowledge receipt of the Health, Illness & Exclusion Policy. My signature verifies that I have read the policy and will not request the staff regarding my child, \_\_\_\_\_ being excluded from attendance, due to illness. I agree to provide a doctor's note to the PLCC Staff per request and/ or in compliance with the Health, Illness & Exclusion Policy due to my child being ill. I agree to keep my child from attending per request of the Staff and in accordance to the PLCC Health, Illness & Exclusion Policy. I agree that if I am called to pick my child up from due to illness, I will do so within one hour from the time that I am contacted by staff.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Diaper Rash Ointment Omission Form:**

I, \_\_\_\_\_ do/ do not give PLCC LLC permission to apply diaper ointment to my child as they feel necessary.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teething Ointment Omission Form:**

I, \_\_\_\_\_ do/ do not give PLCC LLC permission to apply teething ointment to my child as they feel necessary.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insect Repellant**

I, \_\_\_\_\_ do/ do not give PLCC LLC permission to apply insect repellant when my child goes outside and/ or during field trips.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sun Screen**

I, \_\_\_\_\_ do/ do not give PLCC LLC permission to apply sunscreen while my child is in care for outdoor play and/ or during field trips.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_