

# BISD S.T.A.R.S. Parent Handbook 2011-2012

**BISD MISSION:** The mission of Bastrop Independent School District, a leader in innovative student centered education, is to motivate and ignite passion for life-long learning and successfully prepare all students to compete globally by ensuring engagement in a diverse, rigorous, and relevant learning experience that incorporates 21st Century Skills. Critical Thinking & Problem Solving, Collaboration across Networks & Leading by Influence, Agility & Adaptability, Initiative & Entrepreneurialism, Effective Oral & Written Communication, Accessing & Analyzing Information, Curiosity & Imagination.

**GOAL:** Bastrop ISD S.T.A.R.S. takes pride in our Program and staff. Each day, we strive to give each child the love and nurturing they need in the absence of their parent(s), as well as create a positive learning experience where they can grow physically, emotionally, socially and cognitively by offering a variety of activities to all. This will ensure that during their time spent away from home they will be happily engaged. We believe that communication between staff and the parent(s) is essential.

Our facilities are licensed through the state of Texas and they follow all state regulations relating to childcare. The Department of Family Protective Services (DFPS) inspects the afterschool care centers on a regular basis meeting all Minimum Standards of Texas. All staff members are trained in First Aid and CPR. Annual Child Development training of 15-30 hours per year is also required.

Parents are encouraged to visit the centers at any time. As a parent, you are encouraged to observe and to participate in activities and events. If you ever have suggestions or concerns, please feel free to talk about them openly to the staff. The management and staff are eager to know if there are ways our program might better serve your needs.

**ENROLLMENT:** Before your child can be admitted to our program, the following steps must be taken:

1. Enrollment forms completed with all signatures
2. Payment of all Registration and Tuition fees
3. Tuition Contract and Parent Handbook acknowledgement signed with driver license number and phone number shown
4. Verification of legal custody (when indicated), parent or legal guardian must provide a signed copy for file

**HOURS OF CARE:** The centers are open from the dismissal of the school day until 6:30 p.m., Monday through Friday. There will be a late fee of \$1.00 per minute, per child for those children left at the center after 6:30 p.m. Our calendar will be the same as the Bastrop Independent School District calendar. If weather conditions warrant the closure of the public school system (BISD), the centers will also be closed. If a minimum of 20 children enroll for staff preparation, in-service days, winter break, spring break, and/or summer break, the S.T.A.R.S. Program will be open from 6:30 a.m. – 6:30 p.m. for an additional fee (see attached calendar). Notices and sign-up sheets for specific events will be posted by the parent sign out form.

**ARRIVAL AND DEPARTURE:** Bastrop ISD and S.T.A.R.S. staff will organize the transition of children from the school day to the afterschool program during the school year. During holidays and breaks, it is the parent's responsibility to take the child into the center, sign the child in, and leave them with a BISD S.T.A.R.S. staff member. It is also the policy of the center for anyone (16 or older), either the parent, or someone on the authorized list of persons, to pick up the child inside the center or from the playground. If someone other than the parent and/or preauthorized persons is to pick up your child, the center must be notified in writing prior to pick up time. If parent arrives at the facility when the campus' main office is open, parent is required to sign in at the main office before going to the afterschool center. If main office is closed, parent can go directly to the afterschool center. Picture identification will be required in both cases. The individual will be asked to sign the child out at the center. If a court order exists that denies an absent parent access to a child, the custodial parent must provide a signed court order for our files. Without this document, the center cannot keep an absent parent from contact with the child.

**PARENT NOTIFICATION:** When signing your child out daily, please look for any notifications and communications. They will be posted on the white board or next to the sign in/sign out sheet. Any policy changes or amendments to the parent's handbook will be delivered in writing to you and a signed acknowledgement will be required.

**ATTENDANCE:** If your child has not attended the normal school day, he/she cannot attend the S.T.A.R.S. Program.

**COMMUNICATION:** Bastrop ISD S.T.A.R.S. centers encourage home and school cooperation. Parents are asked to inform staff of anything happening in the child's life that might affect his or her behavior at the center. Pertinent information will be beneficial for successful care of your child. Please do not hesitate to communicate to us any concerns you may have regarding your child, a peer, or an adult worker in the facility. Please remember to update your enrollment forms with your child's S.T.A.R.S. teacher if any of the information changes.

**ILLNESS:** For the protection of all children, ill children will NOT be kept in the center. If a child is brought in ill or becomes ill at the center, they will be immediately removed from the group. The child will be laid on a mat and kept as comfortable as possible while the director or person in charge calls the parents. The child should be picked up immediately. The center is not equipped to deal with ill children. The learning environment of our center is designed to work with children who feel well enough to participate in group activities and with group level supervision. Please remember children do not necessarily have to have a fever or vomit during periods of sickness. Common symptoms for which a parent is called: fever- (101 or higher), diarrhea (3 times in the course of 2 hours), vomiting, contagious skin or eye infection, profuse bodily discharge of any kind. Children are not to return to the center until they have been free of fever, diarrhea, and vomiting for 24 hours and can function normally in the school's daily routine. If it is state mandated that a child visit a doctor we must receive a written notice, signed by the doctor that states the diagnosis and a determination that the child can return to school. We must receive this before the child can return to the center. In the event that a caregiver notices that a child's needs are not being met, whether physically or emotionally, the supervisor of Bastrop ISD S.T.A.R.S. Program may request that a child not return unless written consent from a board certified medical professional accompanies the child.

**MEDICATIONS:** Bastrop ISD S.T.A.R.S. centers have chosen to help parents by administering medication when necessary. In order for this to be done, parents MUST complete a medication consent form for each medication to be given. All medications must be clearly labeled with the child's name and the date it was brought to the center. All medications must be in the original container. The center must administer it according to the label directions. If the label states to consult a physician for your child's size and age to determine the dosage we must have a written statement signed by a licensed health professional stating what dosage to administer.

**INJURY:** Every effort will be made to ensure the safety of your child. Unfortunately minor accidents sometimes occur. In the event of an accident you will be provided with an accident report. You will be asked to sign the report to acknowledge that you have been informed. The report will be kept on file and you will be provided a copy upon request. In case of serious accident or injury we will make every attempt to contact you for instructions. If you cannot be reached, the person indicated on your registration form will be contacted to make emergency

medical decisions. Your signed medical release will also assist us in getting prompt medical attention. BISD is not responsible for any accident or injury that occurs during a BISD activity, and cannot pay or reimburse any medical bills that you or your child might incur.

**IMMUNIZATION REQUIREMENTS:**

Immunization, Hearing and Vision Screening records of S.T.A.R.S. students are kept on file at the school offices. Tuberculin testing requirements - N/A in Bastrop County.

**NUTRITION:** An after school snack, including a drink, will be provided by the school under the Federal Food Program. If you choose to provide your child's meals, including drinks and/or snacks from home, please understand that the center is not responsible for its nutritional value or for meeting the child's daily food needs. Children must wash their hands before and after eating their snack. Snacks will be served on a paper napkin to maintain a sanitary environment. Water must be served at breakfast, lunch if applicable and snack. Water will be available at all times.

**CLASSROOM ACTIVITIES:** Children will participate in planned activities that encourage social, physical, creative, and academic growth. Children are encouraged to be creative and to think on their own. We also encourage the development of peer relationships including interacting appropriately with others and character development. In order for children to participate in the S.T.A.R.S. Program, they must be potty-trained. Children's input is used to determine activities and all activities are designed to be age appropriate. Children must be able to participate in a group setting. The S.T.A.R.S. Program is a Parent Funded Licensed Group Childcare Center. No electronic devices or personal items are permitted. (Example...cell phones, electronic games, etc.) The staff/child ratio set forth by the Minimum Standards will be adhered to at all times.

Center Ratios Age	Number of children	Number of Adults Supervising
4	18	1
5	22	1
6 & Older	26	1

**FIELD TRIPS and/or WATER ACTIVITIES, IF APPLICABLE:**

A field trip list must have the children's names, Site Coordinator's name, phone # and the name of the bus driver. Children will be in groups that meet minimum standards while on field trips. The application does make reference to field trip permission and supplies. The field trip destination must be on the list. Any changes in field trips must be posted 48 hours in advance.

Field Trip Ratios Age	Number of children	Number of Adults Supervising
4	8	1
5	10	1
6 & Older	12	1

Ratio for Splashing or Wading Pools (Two Feet Deep or Less)		
If the age of the youngest child is...	Then you must have (number) adults to supervise...	Every (number) children.
4 years	1	16
5 years	1	20
6-8 years	1	22
9 years and older	1	22

**SHARING SPACES:**

The S.T.A.R.S. Program staff must ensure that the students are supervised at all times. They may not mix the children in care in licensed spaces with any other afterschool programs. The programs must be separated by empty tables, which may not be used at any time while the licensed afterschool program is in operation. Staff will position themselves where they can see children transitioning to and from restrooms.

**PLAYGROUND:** Each class will use the playground upon availability, if the weather permits, according to the teacher's schedule for the day. Staff/child ratio set forth by the Minimum Standards will be adhered to at all times. By signing the parent handbook acknowledgment, I understand that my school's playground does not meet the Texas Minimum Standards for a childcare facility. However, I will allow my child to use the elementary school's playground facilities.

**ANIMALS:** Animals are not allowed at the S.T.A.R.S. centers.

**BEHAVIOR:** All children are expected to behave and talk appropriately while attending the center. The following incidences are examples of behavior that will result in a report to parents:

1. Bullying, biting, hitting, and kicking or any other malicious act will result in a Notice of Major Behavioral Incident Report
2. Any incident that endangers your child, a peer or an adult in the facility

A copy of all reports sent home will be kept in the child's folder. Bastrop ISD S.T.A.R.S. Centers reserve the right to drop any child from the roll who becomes incorrigible or detrimental to the welfare of the group.

**DISCIPLINE:** 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 on 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 stage, 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; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age

**FIRE AND SEVERE WEATHER:** In case of severe weather conditions which threaten the children's health and well being, the director will instruct all staff to place the children in an interior room (inside main building) and cover their heads with mats. Children and teachers will remain there until otherwise instructed. Fire drills and tornado drills will be conducted on a regular basis. In case of toxic fumes or other severe circumstances, the facility will be evacuated immediately. Evacuations of conditions which threaten the outside area of a school building will only occur as a last resort. All evacuations will be in coordination with the Bastrop County Office of Emergency Management. The childcare centers will be participating in the crisis intervention plan used by Bastrop Independent School District. All drills are recorded on the Fire Safety Practices Form (Form 7263, May 2004.) The recorded drill informs licensing when the last drill was conducted. This form is located in the licensing binder for public view. People to contact in case of emergency: Donald Williams at 512-321-2292, Bastrop County Office of Emergency Management 512-581-4024 or dispatcher 512-303-1080 and 911.

**The procedures for parents to review and discuss with the director any questions or concerns about the policies and procedures of the operation:** Parents may discuss the policies and procedures with the Site Coordinator of the S.T.A.R.S program by signing the Parent Sign In form. The parent may leave their child signed in while discussing the program with Site Coordinator.

**The procedures for parents to visit the operation at any time during the hours of operation to observe their child, the program activities, the building, the grounds, and the equipment without having to secure prior approval:** Parents are welcome at anytime during the hours of operation to observe the program. However, the parent must sign in, show I.D. and be accompanied to their child's room by the site coordinator or person in charge.

**The procedures for parents to participate in the program's activities:** If a parent wishes to participate in an activity with their child a Bastrop ISD Volunteer Application must be submitted to the Community Services Office located at the Bastrop ISD Service Center at 906 Farm St., Bastrop, TX 78602, 512-308-1601.

#### HANDBOOK ACKNOWLEDGEMENT

**The procedures for parents to review a copy of the minimum standards and the operation's most recent Licensing inspection report:** The S.T.A.R.S. Licensing Binder is located on the Parent Table. It contains the Minimum Standard Rules for Licensed Childcare Centers and current facility inspections.

**Instructions on how a parent may contact the local Licensing office, DFPS Child Abuse Hotline, and DFPS website and Department of Family Protective Services:**

(512)834-3241 or [dfps.state.tx](http://dfps.state.tx). Child Abuse Hotline (800)252-5400 S.T.A.R.S. Office (512)321-2292.

#### PARENT ACKNOWLEDGEMENT

By signing this form, you agree to the above mentioned policies and procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**S.T.A.R.S. Program Employee Payroll Deduction Form**

**(Please circle one)**

Name of Child/ren \_\_\_\_\_

BLUEBONNET

CEDAR CREEK ELEM

EMILE

LOST PINES

Date of Enrollment \_\_\_\_\_

MINA

RED ROCK

Name of Employee \_\_\_\_\_

SSN \_\_\_\_\_

I, \_\_\_\_\_ give consent to a payroll deduction for my child/ren to attend the Bastrop ISD S.T.A.R.S. Program for the amount of \$\_\_\_\_\_ per pay period. The tuition fee is \$60.00 per child per pay period. My child/ren will be able to attend the S.T.A.R.S. Program on staff development days and early release days at no additional charge. There will be 18 payroll deductions at \$60.00 per child for the school year.

My payroll deduction will begin on \_\_\_\_\_

I understand that in order to receive the reduced rate for the S.T.A.R.S. Program, I must agree to participate in the BISD payroll deduction program. Checks will not be accepted. Additionally, a registration fee of \$25.00 per child or \$45.00 per family will be deducted for the 2011-2012 school year with your first payroll deduction.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Payroll deductions begin on 9/15/11 and end on 5/30/12 for the 2011 – 2012 school year (8/22/11 thru 6/01/12).

**All Day Outs and Camps are not included in your S.T.A.R.S. Program payment plan**

# S.T.A.R.S. Program

## BISD EMPLOYEE CALENDAR

S.T.A.R.S.

S.T.A.R.S.

February 2012

August 2011

S	M	T	W	T	F	S
	22	23	24	25	26	
	29	30	31			

S	M	T	W	T	F	S
			1	2	3	
	6	7		9	10	
		14	15	16	17	
	20	21	22	23	24	
	27	28	29			

September 2011

S	M	T	W	T	F	S
				1	2	
	X	6	7	8	9	
	12	13		15	16	
	19	20	21	22	23	
	26	27	28	29	30	

March 2012

S	M	T	W	T	F	S
			1	2	3	
	5	6	7	8	9	
	19	20	21	22	23	
	26	27	28	29	30	

October 2011

S	M	T	W	T	F	S
	3	4		6	7	
	10	11	12	13	14	
	17	18	19	20	21	
	24	25		27	28	
	31					

April 2012

S	M	T	W	T	F	S
	2	3	4	5	X	
	X	10	11	12	13	
	16	17	18	19	20	
	23	24	25	26	27	
	30					

November 2011

S	M	T	W	T	F	S
		1	2	3	4	
	7	8	9	10	11	
	14	15		17	18	
				X	X	
	28	29	30			

May 2012

S	M	T	W	T	F	S
		1	2	3	4	
	7	8	9	10	11	
	14	15	16	17	18	
	21	22	23	24	25	
	X	29	30	31		

December 2011

S	M	T	W	T	F	S
				1	2	
	5	6	7	8	9	
	12	13	14	15	17	
				X	X	

June 2012

S	M	T	W	T	F	S
					1	
	X					

January 2012

S	M	T	W	T	F	S
	X					
	9	10	11	12	13	
	X	17		19	20	
	23	24	25	26	27	
	30	31				

All Day Out (additional fees) Camps (additional fees) Early Release (Fees included with full-time & employee contracts) X Closed

## S.T.A.R.S. PROGRAM APPLICATION

**ALL FIELDS MUST BE COMPLETED. USE N/A IF THEY DO NOT APPLY**

School Name:		Current Grade Level:	Child's Home Telephone No:	
Child's Name:		Date of Birth:	Alternate Phone No.: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Street Address: <b>(no P.O. Box)</b>		City:	State/Zip:	
Date of Admission	Date of Withdrawal	E-mail address:		
Parent's or Guardian's Name		Address (if different from child's address)		
List telephone numbers where parents/guardian may be reached while child will be in care:		Mother's Telephone No.  <input type="checkbox"/> Work <input type="checkbox"/> Cell	Father's Telephone No.  <input type="checkbox"/> Work <input type="checkbox"/> Cell	Guardian's Telephone No.  <input type="checkbox"/> Work <input type="checkbox"/> Cell
EMERGENCY CONTACT (in the event parents / guardian cannot be reached):			<input type="checkbox"/> Work <input type="checkbox"/> Cell	Relationship
I hereby authorize the childcare facility to allow my child to leave the childcare facility ONLY with the following persons. Designated persons must be 16 years of age to pick up. Please provide NAME, ADDRESS and PHONE NUMBER.				
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
<b>CHECK ALL THAT APPLY:</b>				
1. <input type="checkbox"/> RECEIPT OF WRITTEN PARENT HANDBOOK POLICIES. I acknowledge receipt of the Parent Handbook policies including those for discipline and guidance.				
2. <input type="checkbox"/> Photos of my child: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent to photograph my child.				
3. How did you hear about the S.T.A.R.S. Program? Newspaper <input type="checkbox"/> BISD Website <input type="checkbox"/> Campus Event <input type="checkbox"/> Flyer <input type="checkbox"/> Community Ed Catalog <input type="checkbox"/> Communicator <input type="checkbox"/> Friends <input type="checkbox"/>				
4. <input type="checkbox"/> His/her immunization record is on file at the school and all immunization and tuberculosis tests are current. Current Vision and Hearing screening records are also on file.				
----- Signature – Parent or Legal Guardian				

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use, and any other information which staff should be aware of:

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, authorize the person in charge to take my child to:		
Name of Physician:	Address :	Ph.# :
	City:	
Name of Hospital :		Ph.# :
	City:	
I give consent for this facility to secure any and all necessary emergency medical care for my child.	----- Signature – Parent or Legal Guardian	