

## Operational Discipline and Guidance Policy

This form provides the required information per 26 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.

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### 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.

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

**Signature:** \_\_\_\_\_

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

Check one please:     Parent     Caregiver/Employee     Household Member



# HILL COUNTRY MONTESSORI SCHOOL

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Dear Parents,

It is the policy of Hill Country Montessori School to apply diaper rash cream/ointment when needed, with parent permission. In order to apply over-the-counter cream/ointment to your child, we must have a permission slip on file prior to doing so.

The diaper cream/ointment must be supplied in the original manufacturer's container. Please label the container with your child's name.

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## Diaper Cream or Topical Cream/Ointment Permission Form (Parent Provided)

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

I give the staff at Hill Country Montessori School permission to use the below named diaper cream/ointment on my child for diaper rash or other skin condition. I have used this product previously without any adverse reaction to my child's skin.

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

Diaper Cream/Ointment Brand Name: \_\_\_\_\_

Dates of Use: from \_\_\_\_\_ to \_\_\_\_\_

Instructions from Parent Regarding Application/Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**Diaper Cream Permission Form**



# HILL COUNTRY MONTESSORI SCHOOL

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

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

The Montessori curriculum incorporates small water containers or materials that use water as a basis to explain or demonstrate select practical life and academic concepts (washing dishes, pouring/eye dropper activities, gardening, etc.). In addition, on occasion when the weather is warm, the Toddler teachers may sprinkle the students with water during outside play using a hand-held sprinkler. The Texas Department of Health and Human Services Commission (HHSC) Child Care Licensing (CCL) requires HCMS to obtain consent for students that are enrolled in the Toddler program to participate in water activities and to collect information about whether the child can swim without assistance.

## Water Activities Consent

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

- WATER TABLE WORK/MONTESSORI ACTIVITIES**
- HAND-HELD SPRINKLER PLAY (on the playground)**
- GARDENING**

Is your child able to swim without assistance?

- YES**, my child is able to swim without assistance.
- NO**, my child is **UNABLE** to swim without assistance.

If NO, what type of assistance is needed? \_\_\_\_\_

X \_\_\_\_\_  
(Parent/Guardian Signature) (Date)

X \_\_\_\_\_  
(Parent/Guardian Signature) (Date)



# HILL COUNTRY MONTESSORI SCHOOL

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

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

**My child has NO KNOWN FOOD ALLERGY.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My child has been DIAGNOSED with a food allergy. Please complete one form FOR EACH known Food Allergy.**

**\*\*If diagnosed with a food allergy, the plan below must be signed/dated by your child's Health Care Professional\*\***

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Food child is allergic to: \_\_\_\_\_

Possible symptoms if exposed to this food: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific steps to take if the child has an allergic reaction to this food: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***By signing below, the parent or guardian of this child gives Hill Country Montessori School permission to post the child's food allergy in the food serving/food preparation areas.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For School Use:*

\_\_\_\_\_ *Food Allergy Emergency Plan has been posted in the classroom/food service area.*

\_\_\_\_\_ *Food Allergy Emergency Plan has been included in the Emergency Backpack.*