

2011 - 2012



**Child Start**  
incorporated

CHILD AND FAMILY SERVICES

# FAMILY HANDBOOK

Operating Head Start and Early Head Start  
in Napa and Solano



**Place  
Site Name  
&  
Classroom Label  
here**

**MY PERSONAL INFORMATION**

**My address and phone number** \_\_\_\_\_

**My doctor's name and phone number** \_\_\_\_\_

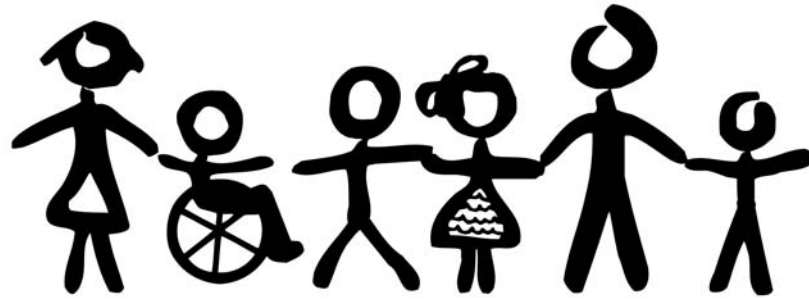
**Other important numbers**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_



**Child Start**  
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**CHILD AND FAMILY SERVICES**

**FAMILY  
HANDBOOK**

**2011 - 2012**



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# WELCOME FROM THE INTERIM DIRECTOR

We have all heard that parental involvement is important in a child's overall growth and development. I will say to you that without your involvement, your children will only receive a fraction of what they need/deserve to grow strong in body and mind. Parental involvement comes in many forms: volunteering in the classroom, reading to your children, helping them with school projects, and positively encouraging them every single day. This type of involvement will help with the overall growth of your children, and will help reinforce what they receive from Child Start...encouragement, commitment, understanding and love.

Your children deserve the very best that we have to offer and the very best that you have to give. Their success in life is directly dependent upon your warm smile, your gentle embrace, your loving heart and your total involvement. While your children are enrolled in the Child Start program, I encourage you to take advantage of all the opportunities and experiences offered to parents and family members. The more you receive, the more you can give...to your children.

Today is the first day of the rest of your life. It is a gift to you. Use it well to serve your children.

Warm regards,

A handwritten signature in black ink, appearing to read 'Deborah L. Peralez', written in a cursive style.

Deborah L. Peralez  
Interim Director



## WHAT IS CHILD START, INC.?

Child Start Inc. (Child Start) is a non-profit organization that operates the Early Head Start and Head Start programs in Napa and Solano Counties.

The Early Head Start and Head Start programs provide comprehensive services to over 1000 children ages 0 – 5 and pregnant women and their families through Part Day Part Year and Full Day Full Year child development centers and the Home Base option, which includes home visits and socialization opportunities.

Child Start also operates the critically acclaimed children's literacy project, Raising A Reader.

# OUR MISSION STATEMENT

To support the educational, social and emotional development of children, ages 0-5, by providing high quality, comprehensive and family-focused early childhood services in partnership with the community.

**Adopted May 2008**

## **HOW SERVICES ARE PROVIDED**

Several types of Head Start program options are offered through which families are provided comprehensive child development services as described in different sections of this manual.

### **EARLY HEAD START**

<b>Option</b>	<b>Classroom Type</b>	<b>Ages Served</b>	<b>Slots</b>	<b>Location</b>
Home Base	Infant/ Toddler	Pregnant Women Children ages 0 - 3yrs	112	Napa County Solano County
Center Full Day Full Year	Infant	Infants ages 0 - 18 mths	8	Therapeutic Child Care Center
Center Full Day Full Year	Toddlers	Children ages 18 – 30 mths	48	Fairmont Menlo 4 Setterquist
Center Full Day Full Year	Toddler	Toddlers ages 19 - 33 mths	8	Therapeutic Child Care Center

### **HEAD START**

<b>Option</b>	<b>Classroom Type</b>	<b>Ages Served</b>	<b>Slots</b>	<b>Location</b>
Home Base	Preschool	Children ages 3 – 5 yrs	6	Napa County Solano County
Center Part Day Part Year	Preschool	Children ages 3 – 5 yrs	837	Napa County Solano County
Center Full Day Full Year	Preschool	Children ages 3 – 5 yrs	12	Therapeutic Child Care Center Napa County
Center Full Day Full Year	Preschool	Children ages 3 – 5 yrs	40	Solano County

## **HOW SERVICES ARE PROVIDED**

### **Early Head Start Home Base**

This program option supports families, within the home environment, during pregnancy and after the birth of their infant to age three. Comprehensive services are delivered during weekly home visits that promote quality nurturing relationships between infants and their primary caregivers. Secure relationships are the primary foundation to positive child development outcomes during this period of rapid social, emotional, physical, and cognitive growth. Socializations are provided twice a month to provide opportunities for families to interact with others. Your presence and participation in the socializations is encouraged.

### **Early Head Start Full Day/Full Year**

A center-based program that is focused on providing high quality services to children, 18 - 30 months, in a secure and nurturing environment that promotes physical, social, emotional, cognitive, and language development.

### **Early Head Start Full Day/Full Year (TCCC Only - Napa)**

A center-based program that is focused on providing high quality services to children, birth to three years, in a secure and nurturing environment that promotes physical, social, emotional, cognitive, and language development of infants and toddlers.

### **Home Base (Solano Only)**

If your child is enrolled in the **Home Base** program, there are weekly 1 1/2 hour home visits with your teacher in your home. Socializations are provided twice a month to provide opportunities for families to interact with others. Your presence and participation in the socializations is encouraged.

### **Part Day Part Year**

If your child is enrolled in the **Center Base** program, school is in session Monday through Thursday for 3.5 to 4 hours each day. Each school year, families are asked to participate in two educational home visits and two parent conferences with the teaching staff. This is to inform parents of their child's progress, to provide opportunities for involvement in their child's education plan, to share suggestions for home activities, and to support each family's interests, goals, and needs.

### **Full Day/Full Year Preschool**

Children are enrolled Monday through Friday for a minimum of 30 hours a week to meet the needs of working families and those seeking employment or enrolling in school or a training program. Contracted days and hours of service are based upon each parent's/guardian's work or school schedule. Each school year, families are asked to participate in two educational home visits and two parent conferences with the classroom staff. Visits are scheduled at least two weeks in advance at a time most convenient for the family. This allows the families and staff an opportunity to get to know one another and talk about some of the wonderful things that can occur while in Head Start.

## **ELIGIBILITY CRITERIA**

- Child is age eligible - birth to five (year prior to kindergarten)
- **At least 90 percent of the enrolled children must be from families who meet the Federal income guidelines or receive public assistance.**
- **Families in the following categories are categorically eligible:**
  - **Recipients of Public Assistance**
  - **Family meets the definition of homeless**
  - **Children in Foster Care**
- **At least 10 percent of the total numbers of enrollment opportunities during an enrollment year are made available to children with disabilities who meet the definition for children with disabilities.**
- Up to thirty-five percent of the families enrolled may be from families with incomes of up to 130% of the poverty guidelines if we have determined that there are no income eligible families, no families receiving public assistance, no homeless families, and no foster children on the wait-list.
- Up to ten percent of the enrolled children may be from families with incomes that exceed 130% of the income guidelines but meet established criteria for selection.
  
- **Therapeutic Child Care Center**

A referral, verifying that a minimum of 30 hours of child care reimbursement must be received from one of the following agencies and is required for placement at the Therapeutic Child Care Center in Napa :

  - Women's Recovery Program
  - HHS Drug and Alcohol Recovery Program
  - HHS Mental Health Program
  - CPS or Family Preservation
  - Child dismissed from a community child care program
  - CalWorks or Welfare to Work Program
  - HHS related job training program

\*If enrollment openings cannot be filled within 2 weeks by HHS agency referrals listed above, CSI will consider referrals from North Bay Regional Center, Napa Infant Program, and COPE. This will require review and approval of the TCCC Advisory Committee.

- **Full Day/ Full Year  
Woolner & Mariposa 2**
  - In partnership with First Five Solano, CSI operates the full day classrooms located at Woolner in Fairfield and Mariposa 2 in Vacaville. In this collaboration, we strive to identify and recruit families that show a need for Full Day Services, (i.e. parents must be working or in school/ training or seeking employment or enrolling in a school or job training program).

## ☑ ENROLLMENT

During an initial enrollment intake period, parents will be asked to provide specific documentation and complete enrollment forms either prior to their child participating and/or within a set timeline from the date their child enters the program. Staff will review age appropriate Health and Developmental or Prenatal Health and Developmental and Social history to determine if Early Head Start or Head Start placement is the most appropriate setting for the child.

Verification of the child's birth date and family income are required.

State Licensing requires the child's immunizations be up-to-date or complete for age *prior* to the child entering the group setting. Parents will be required to provide proof of immunization status. Immunization documentation must be signed or stamped by a health care provider

A current well child exam and a No Risk Factor Assessment for children under 4 or a Tuberculosis Test for children 4 years or older must be in the child's file within 30 days. In order for the well child exam to be considered current and complete, it must be completed within the timelines and fulfill all required health screenings/tests defined on the CHDP periodicity schedule (Table 101.1 included in the back of this handbook.)

All requirements for enrollment are based on State Licensing regulations and Early Head Start/ Head Start Performance Standard mandates. If the requirements are not met within the appropriate timelines, the child must be excluded from participation until documentation is provided. As necessary, the Site Supervisor, Community Advocate, Home Base Teacher, or Family Services Partner can assist the family in gathering required documentation, finding health care providers, scheduling appointments, etc.

A Child will be considered for placement when his/ her name appears at top of the Priority Placement Waitlist. Possible reasons for not considering a child might include:

- Family is missing income verification
- Family is missing birth day verification
- Family has not completed the intake process

If a family intends to leave the program, a notice 2 weeks prior to the date is appreciated. Parents are asked to communicate verbally with their Site Supervisor, Community Advocate, Home Base Teacher, or Family Services Partner of the pending change to their enrollment status.

# Raising A Reader

What matters most for your child's success in school? **YOU DO!**

Did you know that to become a good reader when your child enters elementary school, he or she needs to begin NOW learning the meaning of many new words? Children need to learn simple every day words such as the names of all the colors, different kinds of food and clothing items, farm and zoo animals, flowers, bugs- everything that is their world! They have SO much to learn BEFORE they get to school, way more than their preschool teacher can teach them without your help.

This is where the Raising A Reader Program comes in to support you. Every family enrolled in Head Start will have the opportunity to participate in Raising A Reader. Raising A Reader provides you with the support and books to make learning at home fun. Once a week your child's preschool teacher or home visitor will provide your family a book bag stuffed with four beautiful books in English and Spanish to use. Your child will be so proud to bring the little red book bags home and you will find it impossible to refuse their requests to be read to every day.

You will feel wonderful about spending quality time with your children and knowing that you are doing something tremendously beneficial to their future school success. Reading aloud to your child is one of the most important things you can do to prepare your child for kindergarten. So make a commitment to raise a little reader in your home this year and help out the teachers by taking good care of the books and returning the book bags on time every week!

Tips for getting your reading routines started:

- Turn off the TV and create a quiet, calm space.
- Plan a special time for sharing books together each day.
- Read your child's favor story again and again.
- Talk, sing and ask questions as you look at books.
- Make up your own stories if you do not know the words.
- Most importantly, make story time a happy, joyful experience for you and your child.

## MINIMUM IMMUNIZATION REQUIREMENTS FOR ENTERING HEAD START

Polio	3 doses
DTP	4 doses
MMR	1 dose, given on or after 1 <sup>st</sup> birthday
HIB	1 dose, given on or after 1 <sup>st</sup> birthday
Hepatitis B	3 doses

### TIME SEQUENCE BETWEEN DOSES

#### Polio

1<sup>st</sup> dose (2 months between) 2<sup>nd</sup> dose (6 months between) 3<sup>rd</sup> dose

#### DTP

1<sup>st</sup> dose (2 months between) 2<sup>nd</sup> dose (2 months between)  
3<sup>rd</sup> dose (6 months between) 4<sup>th</sup> dose

#### Hep B

1<sup>st</sup> dose (2 months between) 2<sup>nd</sup> dose (6 months between) 3<sup>rd</sup> dose

The Site Supervisor/ Home Base Teacher has a complete immunization schedule and can provide parents with a copy, if desired. This information is posted in each center and also available in the Family Health Binder. Resources for receiving low cost immunizations in the community are also available through the Site Supervisor/ Home Base Teacher.

### Kindergarten Booster Shots

Beginning in February/ March, the Site Supervisor will remind parents to schedule visits to their child's doctor for the 4th Polio, 5th DPT, and 2nd MMR immunizations required for Kindergarten entry.

# Some Important Things to Know About Head Start Parents and Staff Working Together

## HOME BASE

1. Before school starts, make certain that your child has up-to-date immunizations and a current No Risk Factor (NRF) Certification or current TB test. Your child will not be allowed to attend Socialization activities until immunizations are up-to-date and complete.
2. You will be required to be available weekly for a one and a half hour Home Visit.
3. TB tests are required by law for all parents volunteering in the classroom. Additionally, an NRF certification or TB test and up-to-date immunizations are required for all siblings 18 months and older accompanying parent volunteers in the classroom. Please speak with your Home Base Teacher if you need assistance in getting an updated TB test.
4. The Home Base Teacher will develop a Family Partnership Agreement with each family to set goals for the year and assist with connecting families to the appropriate agencies for support and services. As needed, the Home Base Teacher will meet with you in your home to provide family support and services.
5. Parents / guardians are encouraged to attend monthly meetings with other families. You can participate as a representative on the Policy Council.
6. Please contribute ideas to the Home Base Teacher for activities that you would like to see included in your Home Visits or Socializations. These activities will be included on the lesson plans.
7. All children receive developmental screenings and ongoing assessments. Families receive progress reports throughout the school year and participate in activities to help the children achieve their educational goals.
8. At the beginning of the school year, Head Start children are required to have a dental exam. Parents are responsible for making follow-up dental appointments. If your family does not have medical/dental insurance, Head Start can provide assistance with resource referrals for these services.

# Some Important Things to Know About Head Start Parents and Staff Working Together

## CENTER BASE

1. Before school starts, make certain that your child has up-to-date immunizations and a current No Risk Factor (NRF) Certification or current TB test. Your child will not be allowed to attend school without them after the first thirty days.
2. The Teacher will make at least two home visits and schedule two parent conferences per year in order to discuss your child's progress and work with you to develop goals to support your child's development.
3. You are encouraged to support the Head Start program by volunteering time each month. Talk with your Site Supervisor to learn about volunteer opportunities.
4. TB tests are required by law for all parents volunteering your in the classroom. Additionally, an NRF certification or TB test and up-to-date immunizations are required for all siblings 18 months and older accompanying parent volunteers in the classroom. Please speak with your Site Supervisor if you need assistance in getting an updated TB test.
5. Family Services staff will develop a Family Partnership Agreement with each family to set goals for the year and assist with connecting families to the appropriate agencies for support and services. As needed, Family Services Staff will meet with you in your home to provide family support and services.
6. Parents / guardians are encouraged to attend monthly Parent Meetings. You can participate as a Parent Volunteer for your center and/or as a representative on the Policy Council.
7. Each child receives breakfast and lunch, or lunch and a snack, daily in the Part Day Part Year option. Children in Full Day Full Year classrooms receive breakfast, lunch, and a snack each day. Parent Volunteers are invited to join the children while they eat their meals to assist them in establishing good meal habits.
8. Please contribute ideas to teaching staff for activities that you would like to see included in the classroom, using the Activity Suggestions from Parents form (ED20). You may ask a teacher for this form.
9. All children receive developmental screenings and ongoing assessments. Families receive progress reports throughout the school year and participate in activities to help the children achieve their educational goals.
10. All children are required to have health and dental screenings. Parents/ guardians are responsible for making medical appointments and following through with treatment. Site Supervisors will provide specific information about requirements necessary for your child based on his/ her age.
11. At the beginning of the school year, Head Start children are required to have a dental exam. Parents are responsible for making follow-up dental appointments. If your family does not have medical/dental insurance, Head Start can provide assistance with resource referrals for these services.

## ATTENDANCE POLICY

Children and their families receive the full benefit of the Early Head Start and Head Start programs when the children attend on a regular basis and their parents/guardians are actively involved in the program. Parents/guardians are responsible for getting their child to school on time, and for ensuring their child attends each day services are provided. Regular attendance is strictly monitored; irregular attendance can result in the loss of services.

If a child is going to be absent from class or a Home Visit or Socialization, the parent/guardian must call their child's teacher to provide a reason for the absence. Parents/guardians must call each day their child will be absent and state the reason for their child's absence.

If the parent/guardian does not notify their child's Teacher, the Site Supervisor or Home Base Supervisor will call or possibly go to the family's home to find out why the child missed school. The absence will be unexcused if there has been no contact.

**In the Center Base program, a family may lose services if their child has four unexcused absences in a month.**

In the Home Base program, when the Home Base Teacher is working with an enrolled pregnant woman, the Participation Agreement is used to develop a plan for how the pregnant woman wishes to be served in the Home base model. The family and pregnant woman are given flexibility to schedule home visits according to the needs of the family. Pregnant women are not required to attend Socializations, however if the pregnant woman being served by the Home Base Teacher desires a group for pregnant women, a Pregnant Women's Group can be scheduled.

When the baby is born, the family is served through the enrolled child and the family is encouraged to attend Socializations with their infant.

When enrolling families with infants/toddlers, parents complete a Participation Agreement. This agreement defines the days and hours of service the family will receive. Parent commitment to regular attendance during those established times is important to maintain program funding and to provide consistency that promotes healthy development of their child. Performance Standards require that families enrolled in Home Base programs attend a weekly Home Visit, that the agency provides Socializations monthly, and that staff encourage participation in Socializations.

**In the Home Base program, a family may lose services if their child has two unexcused Home Visit cancellations in a month.**

## ATTENDANCE POLICY

### **Family Vacations**

All family vacations are considered unexcused except as arranged in Full Day classrooms. No family vacation request will be approved for Part Day Part Year classrooms. Please schedule vacation around scheduled classroom closures (Refer to calendar).

### **Family Emergencies**

Requests for leave due to a family emergency may not be granted if the leave exceeds four school days a month. Children who miss more than four days a month because of a family emergency may be placed on the waiting list and re-enrolled if an opening occurs. Requests for leave must be put in writing and submitted to the Site Supervisor or Home Base Teacher as soon as possible. All requests for leave must be approved by the Regional Program Manager. **Family vacations will not be considered a family emergency.**

### **Child Care Certificates (Therapeutic Child Care Center ONLY)**

A referring Health and Human Services (HHS) program has authorized your child's eligibility for child care reimbursement either through Community Resources for Children or Napa County HHS. There are additional attendance requirements for your child's continued eligibility for child care reimbursement. The Site Supervisor or Family Services Partner will assist parents in their ability to maintain eligibility.

## **BEING ON TIME:**

### **Center Base**

Please make every effort to see that your child arrives on time for school each day. **As the child's parent or guardian it is your responsibility to call your child's school if you and your child will be late to class.** Late arrivals miss out on the full benefit of services. **Upon arrival every child must be signed in by the adult who brought him/her to school.** Children may not be signed in before their class session begins. Parents or guardians must remain with their child until the Daily Health Check is completed.

**Children must be picked up on time and signed out by an adult whose name appears on the emergency form.** It is considered a late pick-up if a child has not been picked up within 5 minutes after class has ended.

- Always call your child's school if you will be late to pick up your child.
- Ask an adult listed on the emergency form to pick up your child for you if you cannot.
- Inform the adults you've listed that they are emergency contacts and may be called.

If a child has not been picked up within 15 minutes after class has ended, the teacher will call:

1. Your home/employer/school
2. The emergency numbers listed on the emergency form

If the teachers are unable to contact anyone to come for the child, a program supervisor or manager will be notified and the police may be called to provide assistance.

### **Home Visits and Socializations**

Please make every effort to be on time for the home visits and socializations to receive maximum benefit of services provided. If families are having difficulty getting to socializations or being available for their scheduled Home Visits, parents are urged to discuss the situation with the Home Base Teacher to develop a plan to improve attendance.

## SIGNING IN AND OUT EACH DAY

### **Adults**

All Head Start staff, visiting adults, and parent volunteers (parents staying longer than signing in/out their child) entering a Head Start classroom are required by state licensing to sign in and out of a classroom.

### **Children**

The "Sign In/Out" policy ensures Head Start program and State of California regulations are satisfied.

Head Start classroom and Home Base Staff document children's daily attendance in the Roll Book.

A sign in/out [sheet](#) for your child is located near the front door of the classroom. Upon arrival to the classroom you must sign your child in at the start of each class session and sign your child out at the end of the school day. Please write the time you arrive with your full signature and the time you leave with your child and your full signature each day your child is in attendance.

Children will only be released to their parents, guardians or friends and relatives authorized by the enrolling parent(s) to pick the child up from school. Staff will ask for identification from adults they do not know who come to pick up a child from school.

Upon acceptance to the center by classroom staff, the parent or guardian records the exact time of the child's arrival. Parent/guardian must sign their Full Legal Signature (First & Last Name) and staff must verify the signature and time.

Upon departure from the center, the authorized person taking the child home must sign the child out. Only persons recognized as parents, guardians, or otherwise authorized by parent/guardian on the Emergency Information form (ER41) may sign out a child. Staff is required to ask for and check identification of persons unknown to them before releasing the child.

If a non-authorized person requests permission to pick up a child, the classroom teacher attempts to contact the parent/ guardian. If the parent/ guardian is unavailable, the teacher contacts the Regional Program Manager/Site Supervisor to speak to the unauthorized person. The Regional Program Manager/Site Supervisor follows up in identifying an authorized person from the Emergency form to pick up the child.

**Please note:** the staff may refuse to release a child to a parent/ guardian or person authorized to pick the child up if the adult appears to be under the influence of drugs or alcohol or physically or mentally unable to escort the child safely home.

In such cases, the Teachers contact the Regional Program Manager/ Site Supervisor. The Site Supervisor or designee calls the emergency contacts for assistance in transporting the child and/or parent home. If an authorized person does not pick up the child within one hour of class closure, see *Being on Time*.

For children that enter and leave the center twice a day, the second enter and leave times and signatures must be recorded.

## **☑ WHAT IF A CHILD ISN'T PICKED UP ON TIME?**

**The first time** a late pick-up occurs the Site Supervisor, Community Advocate or Family Services Partner will meet with the parent or guardian when he/she arrives the following day. The emergency list will be reviewed and updated to include reliable adults who can pick up the child. The parent/guardian will also receive a copy of the late pick-up policy and be reminded of the procedures.

**The second time** a late pick-up occurs within the same 90 day period, the Site Supervisor, Community Advocate or Family Services Partner or the Teacher 1 will meet with the parent or guardian when he/she arrives the following day. The parent/guardian may be asked to remain at the center with the child throughout the school day if a pick-up plan cannot be established.

**The third time** a late pick-up occurs within the same 90-day period, a meeting between the parent/guardian and the Regional Program Manager will be scheduled for the next school day. The parent/guardian will be asked to develop a plan to establish reliable pick-up or may be asked to remain at the school each day with their child until a reliable pick-up plan is established. All attempts will be made to ensure that the child will be brought to school or picked up on time before Head Start services are terminated.

### **Do Not Leave Any Child Unattended in your Vehicle During Pick-Up or Drop-Off Time.**

The Unattended Child in Motor Vehicle Safety Act (CVC Division 6.7, §§ 15600-15632) states that a parent, legal guardian, or other person responsible for a child who is 6 years of age or younger may not leave that child inside a motor vehicle without being subject to the supervision of a person who is 12 years of age or older. Child Start adheres to all provisions of the Unattended Child in Motor Vehicle Safety Act.

### **Arrival to Pick up a Child While Under the Influence of Alcohol Or Drugs**

If a child is picked up by a person who appears to be under the influence of alcohol or drugs, a staff person will offer to call another adult who is authorized to pick the child up or call a taxi cab. We want all families to arrive home safely.

## PARENT'S RIGHTS

As a Parent/Authorized Representative, you have the right to:

- Enter and inspect the child care center without advance notice whenever children are in care.
- File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
- Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
- Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
- Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
- Receive the licensee name, address, and telephone number of the local licensing office.
- Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
- Receive, from the licensee, the Caregiver Background Check Process form.

**Community Care Licensing  
101 Golf Course Dr. Ste. A-230  
Rohnert Park, CA 94928  
(707) 588-5026**

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

***A SIGNED COPY OF THIS ACKNOWLEDGEMENT MUST BE KEPT IN THE CHILD'S FILE AND A COPY OF THE SIGNED NOTIFICATION GIVEN TO THE PARENT/ AUTHORIZED REPRESENTATIVE.***

## ☑ PERSONAL RIGHTS

Each child receiving services from a child day care facility shall have rights which include, but are not limited to, the following:

- To be accorded dignity in his/her personal relationships with staff and other persons.
- To be accorded safe, healthful, and comfortable accommodations, furnishings and equipment to meet his/her needs.
- To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of a punitive nature, including but not limited to: interference from daily living functions, including eating, sleeping or toileting; or withholding of shelter, clothing, medication, or aids to physical functioning.
- To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of the law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality (see below).
- To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In child day care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s)/guardian(s) of the child.
- Not to be locked in any room, building, or facility premises by day or night.
- Not to be placed in any restraining device except a supportive restraint approved in advance by the licensing agency.

**The representative/parent/guardian has the right to be informed of the appropriate licensing agency to contact regarding complaints, which is:**

**Community Care Licensing  
101 Golf Course Dr. Ste. A-230  
Rohnert Park, CA 94928  
(707) 588-5026**

## **☑ EMPLOYEE STANDARDS OF CONDUCT**

While fulfilling their job responsibilities, employees are expected to uphold agency values, and:

- Respect and promote the unique identity of each child and family and refrain from characterizing people on the basis of gender, race, ethnicity, culture, religion, disability, age, or economic status.
- Follow agency policies on confidentiality of information about children, families and co-workers, and share agency information only with individuals who have a real business need to know it; if unsure about whether or not to provide information to someone, employees should ask their supervisor.
- Ensure that no child is left alone or unsupervised while under their care.
- Use positive methods of child guidance and not: (1) engage in behavior which may negatively affect a child's body, (2) use emotional punishment or humiliation, or (3) employ methods of discipline that involve isolation, the use of food as a punishment or reward, or the denial of basic needs.
- Not seek or accept personal tips, favors, or anything of monetary value.
- Know where all written policies, procedures and regulations affecting their employment with Child Start are located at their work sites.

## **☑ CONFIDENTIALITY POLICY**

When communication with outside providers is needed for continuity of services for your family as well as supporting your child in their Head Start setting, parents must give Child Start Inc. permission to access or exchange the specified information with that provider. This permission will be documented on the Authorization for Use and/or Disclosure of Information form (AD14).

Child Start respects each family's right to privacy and confidentiality. Staff members secure the family's written consent before disclosing information to other agencies and professionals.

Information will be shared for reasons that will increase family functioning and ensure that services are provided in the most efficient and effective manner. In cases such as threats of suicide, harm to others, or suspected child abuse, staff will consult with supervisors and outside professionals for assistance. (See Child Abuse Reporting Law).

Medical information is confidential and not shared with anyone except designated staff and partners. Personal information about a child/family is not discussed with volunteers or other parents/guardians. Child files and Medication Logs are locked when not in use. If medical information needs to be obtained from a provider, the (AD14) must be completed by Child Start staff and signed by the child's parent/ guardian.

Written records of individual children and their families are kept in locked cabinets at each site. Access to these records is limited to the staff who provide comprehensive services. Families always have access to all of their own child's records including confidential files.

## ☑ DISCIPLINE STATEMENT

Child Start staff encourages children to use their words to express their feelings such as "I'm mad" or "You're hurting my feelings" rather than hitting, biting, or using other unacceptable forms of expression. If a child forgets to use words to express feelings they are reminded and redirected to practice the positive skills. If a child hurts another child, he/she also learns to take care of the person who was hurt and ways to handle the situation in the future. We know that a misbehaving child is only a discouraged child, so we use positive reinforcement to encourage the children and support them to develop positive social skills.

Child Start believes that children find security and direction where there is consistent adult guidance and discipline. Children explore, observe, feel, interact and learn through the process of being involved with people and things in their world. All behaviors, even disruptive behaviors, are learned. Teachers, in their role of caring for children, model and teach appropriate behavior. Children need to know what is expected from them before they can comply. Teachers use constructive and preventative methods of discipline and maintain an atmosphere of love, acceptance, and order. This atmosphere is one in which children respect themselves, their peers and their teachers.

If all of the steps have been followed to help a child improve his/her ability to behave well while in class, for example, to follow simple classroom rules and routines, and have consistent, positive interactions with peers, a behavior plan will be written in partnership with the child's parents/guardians. Behavior Plans involve the parents/guardians meeting with their child's teacher to discuss strategies to help the child develop positive social skills. Occasionally the child's attendance schedule will be modified to reduce the amount of time he/she is in class. Modified schedules are established for periods of time with identified goals the child must achieve before the child's class time will be extended. The goal is to help the child be successful and gain confidence in their ability to follow directions and have positive interactions with others.

### **Techniques not used**

All staff, including volunteers, are forbidden from using any corporal punishment, which is defined as the use of negative physical touching. Some examples are spanking, slapping, tapping, pulling ears, arms or hair, pinching, or lifting by one arm against the child's will if for a punitive reason. This list is not all-inclusive. Any infraction of this requirement will result in a personnel action.

In addition, staff are also required not to use any child handling technique which results in unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other action of a punitive nature, including but not limited to: interference with the daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning. Parents will be asked to pick up their child if the child is physically harming his/herself, other children, or adults in the classroom.

## CHILD ABUSE REPORTING LAW

Too many children are abused. Abusers of children come from all walks of life. It should not hurt to be a child; but sadly, many children are hurt every day in our community. Laws are in place nationwide to stop the abuse of children.

All staff members at Child Start are mandated reporters of child abuse and neglect. The law requires mandated reporters to report every instance of abuse which is known or suspected per the State of California penal code 11165-11174. The intent of the law is to ensure the protection of children and to provide assistance to parents and families. As mandated reporters, staff must file a Suspected Child Abuse Report form when it is known or suspected that a child under the age of 18 is being abused. Generally, the types of abuse that require reporting include physical abuse, severe verbal abuse, sexual abuse and exploitation, neglect, willful cruelty, unjustifiable punishment, or unlawful corporal punishment and injury. When abuse is known or suspected, a telephone report must be made immediately followed by a written report within 36 hours.

These laws are the primary tools for protecting children from harm and we want parents to partner with Child Start staff to prevent child abuse. **Talking about abuse and stopping the secrecy of child abuse will reduce the number of children who are abused.** Far too often, abuse is kept secret. Because of the secrecy, the abuse goes on and so does the pain.

If you have concerns that you or someone you know is "stressed-out" and may hurt a child, talk to someone about it. Child Start staff are here to help you. There are also other supports within your community available to help you.

**In an emergency situation, if you are afraid you may hurt a child, call one of the following numbers for Child Protective Services.**

**Napa County Only: 707-253-4261**

**Solano County Only: 800-544-8696**

## UPDATING PERSONAL INFORMATION IN CHILD FILE

Families should inform the school of any changes to the information contained on forms completed prior to admission. Every child in the program must have an updated Emergency Form on file so you, or someone designated by you, can be reached at any time in case of an emergency. If you or anyone on your Emergency Form move or change phone numbers, let us know right away.

## ☑ CODE OF CONDUCT

It is the expectation that all adults in Head Start settings conduct themselves in the following manner:

- With Courtesy
- With Respect
- With Patience
- By Treating People the Way You Want to be Treated
- By Modeling How We Want Our Children to Treat Others
- By Acknowledging the Cultures and Practices of Others

Under no circumstances will the following behaviors be allowed:

- Physical or Verbal Punishment of Children
- Threats to Children, Parents/Guardians, or Staff
- Swearing and Cursing
- Smoking within 50 feet of the building
- Quarreling, Verbal Fighting, or Yelling at Children, Staff, or Other Parents/Guardians
- Hitting or Physically Harming a Child, Staff Person, or Other Parents/Guardians

Please do not use cell phones at the sites, including during pick-up and drop-off of children.

Parents/guardians will be asked by staff to stop the above-mentioned behaviors if they occur

If parents/guardians continue to quarrel, verbally fight, or make threats, staff will call the police. Head Start services may be affected.

When appropriate, staff will refer the parent/guardian to Child Start's Conflict Resolution Procedures or offer other referrals for counseling services.

**CHILD START IS TOBACCO FREE!**



Due to acknowledged hazards to young children and adults arising from exposure to secondhand smoke, **it is the policy of Child Start to provide a smoke-free environment for staff, children, and parents.**

This policy covers the use of any tobacco product and applies to staff, volunteers, and parents.

1. Smoking is prohibited on the premises of a licensed child care facility (CCL, Health and Safety Code Section 1596.795(b)). Additionally, there must be no smoking within the sight of children. There must be no smoking 50 feet from any entrance, open window, or air intake vent.
2. Tobacco use is prohibited in any Child Start vehicle at any time
3. Child Start staff and volunteers will serve as role models by not smoking in the presence of children, parents, or participants. This includes indoor and outdoor activities. Field trips, walks, and all other off-site activities and functions are tobacco-free.

## **WHAT TO WEAR TO SCHOOL**

An important part of your child's experience in the classroom is the opportunity to explore, experiment, try new things, and interact with the environment. Such "hands-on" experiences are absolutely essential for your child's development of skills and self-esteem.

Many activities children participate in may be "messy". Sand and water play, finger painting and other art activities, even meal times, are activities in which children cannot be expected to stay absolutely clean and neat! As we want all children to be able to participate in all activities, appropriate clothing is a must.

Please send your child to school in clean, comfortable clothes that will withstand active play and repeated washings. "Dressy" clothes are not appropriate for school. They may prevent your child from participating because of his/her fear of ruining a nice dress, skirt, or pants. Comfortable, sturdy shoes, such as tennis shoes, are important, too. They allow your child the freedom to run, skip, jump, and climb safely. Please keep in mind that it is helpful to have a change of clothes kept at school for those occasional extra "messy" days.

If you have any questions regarding appropriate clothing for school, please don't hesitate to talk to your child's teachers or call Karen Sanchez, Program Services Manager, at 252 -8931 (x2846).

## **WHAT TO BRING TO SCHOOL**

Parents are encouraged to bring a change of clothes to be kept at school for those occasional extra "messy" days.

In the Early Head Start program, before your child's first day in the classroom, staff will complete an Infant Needs and Services Plan with you to discuss your child's individual feeding, napping and diapering needs.

In the Early Head Start Home Base program option, parents are encouraged to bring:

- Formula and bottle feeding supplies
- Comforting item (pacifier, special blanket or stuffed animal)

## **WHAT TO BRING TO SOCIALIZATIONS**

Parents are encouraged to bring a change of clothing for their child.

Snacks are provided by Child Start.

*Families are asked not to bring toys, money, sodas, kool-aid, or candy*

In the Early Head Start Home Base program option, parents are encouraged to bring:

- Formula and bottle feeding supplies
- Comforting item (pacifier, special blanket or stuffed animal)



## WHAT TO DO IF YOUR CHILD NEEDS MEDICAL ATTENTION WHILE AT SCHOOL

### **Special Health Conditions Planning**

Children with medical conditions requiring special care must have the Authorization for Administration of Medication and Health Plan for Medical Conditions form (HE06) completed and in their file, prior to the first day of attendance. This form is an individualized plan for the child that specifies how staff treat the child's condition. This form may be completed by the parent/ guardian and the Site Supervisor, doctor, and/or the PHN Consultant. The HE06 form is reviewed and signed by all staff members who care for the child. It also includes any information about medications the child will need during program hours.

A Case Management meeting may be necessary prior to the child's enrollment (first day of attendance) to plan specialized care. The team may consist of Managers, Specialists, consultants, and/or other agency staff. The team collaborates to develop and complete the HE06.

### **Children with Asthma**

If a child with asthma requires medication or an inhaler at school, the HE06 is completed prior to the first day of attendance. The asthma medication, with a spacer/ mask, if prescribed, to administer the medication is kept in the locked medication box with a Medication Log(HE08).



## ADMINISTRATION, HANDLING, AND STORAGE OF MEDICATION

Whenever possible, staff will work with parents and their doctor to schedule the administration of medication(s) for their child before and after school. Home Base program staff does not administer medication to children.

When necessary for the health of the child, staff may administer prescription medications or doctor prescribed over-the-counter medications. However, before medications can be given to a child by a staff person, the following procedures must be in place:

1. The Authorization for Administration of Medication and Health Plan for Medical Conditions form (HE06) must be completed and signed by the child's doctor, which authorizes the dispensing of medication according to the doctor's instructions.
2. The parent decides which staff members will be assigned to give the medication and writes their names on the form.
3. The parent signs the Authorization for Administering Medication form, giving consent for the named staff to administer medication to their child.
4. The PHN consultant trains the staff to give the medication. The staff must demonstrate their understanding of how to dispense the medication during their training session.
5. The medication is brought to school and checked by staff to ensure all required information is on the label and the expiration date has not passed.

For more information, talk to your child's teacher and/or read the complete procedure in the Parent Health Binder located in the Family Corner of the classroom.

### **Labeling of Prescription/Over-the-Counter Medications**

Staff only accept medications in the original container. Prescription drugs must be in a child resistant container with the pharmacy label attached. The pharmacy label must include the child's first/last names, name of the medication, the date the prescription was filled, the name of the doctor, expiration date, and route of administration, storage, and any special disposal instructions. Over-the-counter medications must have a prescription label or be accompanied by a completed HE06 with the doctor's instructions and authorization.

***Medication brought to the center in a plastic bag, with a different person's name on the label, and/or labeled with a different medication name, etc., will not be accepted.***



## ADMINISTRATION, HANDLING, AND STORAGE OF MEDICATION

### **Storage of Prescription/Over-the-Counter Medications**

Medications are stored in a locked box\*, away from food, in containers that prevent spills, in a place that is out of reach of children. Medications requiring refrigeration will be stored in the kitchen refrigerator and must be kept at correct temperature at all times. Each classroom has a lockable medication box for refrigerated medications and another for non-refrigerated medications. If staff needs to transport medications on field trip outings, the refrigerated medication must be kept in a cold storage container.

\*The only medication that is not locked in the box is the Epi-Pen injection units. These must be stored out of reach of children yet be readily accessible to staff if needed for emergency use.

### **Expired Medications**

Medications will not be used beyond the date of expiration on the container or beyond the dosage instructions of the doctor. Medications kept in the classroom for "as needed" situations must be reviewed by the doctor at least once a year. Staff reviews the expiration date of medications and will note if the medication will require renewal before the end of program year and note it on the (HE08) Medication Log.

### **Documenting Administration of Medications**

Each time medication is administered during program hours, it is documented on the Medication Log (HE08). The document includes space for the name of the person giving the medication, the dosage, route, time, and date. If special circumstances occur, such as spillage of the medication, or any unusual reactions are observed, this information is noted on the Medication Log, with the date and time. The Medication Log is kept in the locked medication box with the HE06.

### **Observing and Recording Changes That May Indicate Adverse Reactions**

After medication is given, staff watches for changes in the child's normal behavior patterns or physical symptoms such as fatigue, moodiness, aggression, rashes, swelling, or breathing difficulties. If changes are observed, the parent/ guardian is contacted and informed immediately. If the reaction is serious or life threatening, staff call 911 and follow emergency procedures. Observed changes and/or reactions are recorded on the (HE08) Medication Log, as well as in the (ER10) File Log. Parent/ guardians are informed each day of any medication(s) administered to their child. A copy of the Medication Log may be offered to the parent/ guardian each day and at the end of a specified period for a long-term medication. The original Medication Log is to be placed in the child's file when the medication will no longer be administered during program hours.

The (HE08) Medication Log includes space for the parent/ guardian to initial it each month, indicating the staff has reviewed the information on the form with the parent/ guardian.

**Medical information is confidential and not shared with anyone except designated staff and partners. Please see the Confidentiality section on page 19 for more information.**

## **☑ SCREENINGS (Developmental, Behavioral)**

You are welcome to contact your child's teacher, Primary Caregiver, or Site Supervisor for information about when screenings will take place or with any questions concerning the screening process or to be a part of your child's screenings.

Talk to your child about these screenings which may be done at school. Please see the bottom of this page and the next page for descriptions of screenings to assist in discussion with your child.

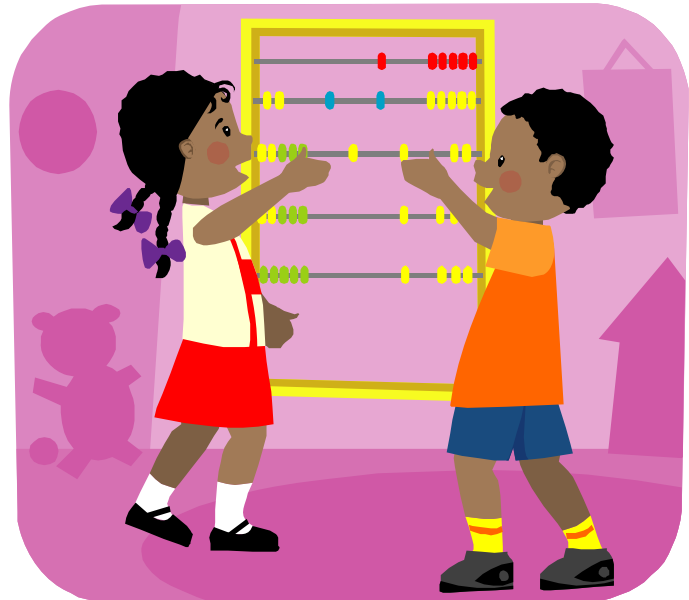
Parents receive a copy of the results of these screenings if completed at the center, and are assisted with referrals as indicated.

### **What is Developmental Screening?**

Developmental screening conducted within the first 45 days of enrollment and is designed identify children who may be at risk for speech or developmental delays.

### **How is a Developmental Screening Performed?**

Trained staff conduct the developmental screening during your child's day at school or during a home visit.



### **What is Behavioral Screening?**

The Behavioral screening conducted within the first 45 days of enrollment is designed to highlight if a child needs further assessment in the areas of social emotional development.

### **How is a Behavioral Screening Performed?**

Staff support parents/ guardians in completing the Questionnaire during a Home Visit. Trained staff evaluate the questionnaire and determine if further evaluation is needed.

## ☑ SCREENINGS (Dental, Hearing, Vision, Blood Pressure)

You are welcome to contact your child's teacher or Site Supervisor for information about when screenings will take place or with any questions concerning the screening process **and** to be a part of your child's screenings.

Talk to your child about these screenings which may be done at school if they weren't done by their doctor. The staff may introduce the vision and hearing screenings as a "game", i.e., the eye game or the listening game.

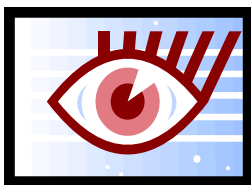
Parents receive a copy of the results of these screenings if completed at the center, and are assisted with a referral to a dentist or specialist for evaluation and treatment for their child, as indicated. We invite you to attend and be a part of your child's screenings.

### **Health Screenings**

**Vision, hearing, blood pressure, and dental screenings** may occur for enrolled children in one or more of the following ways:

- ✦ by professionals visiting the classroom to provide screenings
- ✦ by trained staff who complete screenings at the site
- ✦ during the child's physical exam(s)
- ✦ during a dental evaluation by a dentist or dental hygienist

If parents are having difficulty paying for uninsured costs of their child's health treatment needs, staff will assist parents to access financial assistance from community agencies when funding is available. Because Child Start has limited funds to assist families with necessary treatment, Child Start funds may only be approved for use after all other options have been exhausted.



#### **What is Vision Screening?**

Vision screening checks how well a child can see and how well the eyes move together.

#### **How is Vision Screening Performed?**

Child identifies letters, shapes, or figures on a standard eye chart.

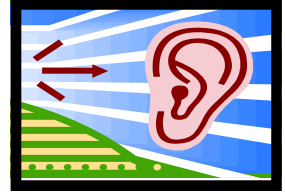
Observation of the child's eye movements ("strabismus testing").

Observation of other eye abnormalities (e.g., redness, swelling, discharge).

## **☑ SCREENINGS (Hearing, Vision, Blood Pressure)**

### **What is Hearing Screening?**

Hearing screening checks if children can hear different kinds of sounds.



### **How is a Hearing Screening Performed?**

Hearing screening or "audiometry screening" is done by a health care professional or trained staff person or volunteer. The child indicates when he/she hears tones transmitted through earphones.

### **What is Blood Pressure?**

Blood pressure is the pressure that is in the inside of the arteries.

The top number, called systolic, is the pressure that occurs when the heart pumps the blood out.

The bottom number, called diastolic, is the pressure that occurs between the beats of the heart.

Normal blood pressure for a 3 - 5 year old child is 78/48 to 114/80.

### **How is a Blood Pressure Screening Performed?**

Trained staff use a small cuff placed on the child's upper arm and tell them it will "squeeze" their arm for a short time.

## **☑ WHEN TO KEEP YOUR CHILD AT HOME**

**In order to protect the health of the children, families, and staff in the Head Start program, it is very important to contact your child's teacher if your child comes down with a suspected or diagnosed contagious condition.**

Please **do not** bring your child to school or participate in a Home Visit or Socialization if:

- you think he/she has a contagious condition.
- your child has had an oral temperature of 101°F or higher within the past 24 hours.
- Your child has diarrhea.
- your child has vomited within the past 24 hours.
- your child has live head lice
- your child has a rash associated with a fever of an unknown origin or rashes that are draining or crusted.
- your child has red eyes with drainage or discharge
- your child has sores that are open and draining or appear inflamed
- your child has a sore throat and/or coughing associated with fever and/or breathing difficulty
- your child shows signs of moderate to severe asthma: wheezing, dry cough, or breathing difficulty
- your child has persistent pain including:
  - earache(s)
  - stomach pain
  - pain on urination
  - pain associated with an injured limb/bone.
- Your child is tired, listless, and generally not feeling well enough to participate in classroom activities.

**If your child develops one or more of the conditions listed above, you may be asked to come to the center and take your child home.**

***Please Note: Call your child's teacher each day (before class time) to tell her that your child will be staying home!***

## **DAILY HEALTH CHECK**

In order to provide a classroom environment that is **safe** and **healthy** for everyone, we have established a "Daily Health Check" procedure.

**Daily in the classroom or at each Home Base Socialization Session**, every child/parent shall be greeted and the child will be visually observed by a staff person before the parent signs the child in and before the child enters the classroom for the day. The person bringing the child must remain until the child is accepted into the group. This is a good time to talk to your child's teacher about how your child is feeling, how well he/she slept, and any important things that have happened to the child recently.

Please call the Home Base Teacher and cancel the home visit if anyone in the house is ill.

If, during the day, the child shows any signs of illness, the parent/ guardian may be called and informed that the child will need to be picked up. If we are not able to contact the parent, people on the emergency contact form will be called. ***Please keep this form updated.***

Thank you for helping us maintain a **safe** and **healthy** classroom for all the children. If you have any questions about whether your child is well enough to attend school, please ask your child's Teacher, Site Supervisor, or Home Base Teacher.

The final decision to temporarily exclude a child from the group for a health reason will be made by Child Start staff. It may be necessary to receive a doctor's clearance for a child to return to class if the child's health status is in question.

# Common Contagious Diseases

DISEASE	SYMPTOMS	MODE OF TRANSMISSION	TREATMENT	REGULATIONS
<p><u>CHICKEN POX</u></p> <p>Highly contagious virus marked by itching, rash, or blisters</p>	<p>*Spreading rash usually beginning on stomach or back; progresses from red spots to blisters which form scabs</p> <p>*Mild Fever</p> <p>*Fatigue, headache, stomachache</p>	<p>*By droplets, small particles of fluid that are expelled from the nose and mouth during sneezing and coughing</p> <p>*By direct contact with the blisters before they are scabbed over</p>	<p>*Help child not to scratch by dressing in loose clothing</p> <p>*Don't let child get overheated</p> <p>*Use dusting powder or calamine lotion</p> <p><b>*DON'T GIVE ASPIRIN!</b></p>	<p>*Child is contagious 1-2 days before rash develops and until all blisters have scabbed over (approx. 7 days)</p> <p>*After blisters have scabbed over, child may return to class.</p> <p>*Incubation period is 10-14 days</p>
<p><u>IMPETIGO</u></p> <p>Contagious abscesses on the skin caused by bacteria; spreads rapidly from one part of the body to another or from child-to-child through contact</p>	<p>*Small infected pustule or "pimples" with white heads crusting or oozing</p> <p>*Small amount of clustered yellowish scabs, often on face and hands and specifically nose and lips</p>	<p>*By direct contact with the moist discharges of the skin lesions</p> <p>*Indirectly by any contact with any articles recently soiled with the discharge</p> <p>*The infection may readily spread from place to place by scratching</p>	<p>*Include home treatments directed by doctor. Impetigo becomes scabbed; because bacteria live under the scabs, the scabs have to be removed</p> <p>*Continue treatment until all sores lose their scabs. Clip child's nails to discourage</p>	<p>*Exclude from school until all signs of crusting and oozing are gone</p> <p>*Cases being treated may attend school if the lesions are appropriately covered to prevent spreading of the disease</p>
<p><u>HEADLICE</u> (<u>PEDICULOSIS</u>)</p> <p>Presence of lice (parasites) in the hair</p> <p>Lice only live on humans NOT pets</p>	<p>*Itching of the scalp. Scaly rash at back of neck and at hairline</p> <p>*Scratching may result in deep red marks or secondary infection causing small pus-filled areas around hair shafts</p> <p>*Enlarged lymph glands at base of skull (severe)</p>	<p>*By direct contact with an infected person</p> <p>*By indirect contact with personal belongings of the infected person such as combs, hats, etc.</p> <p>*Lice are small and difficult to see. Eggs (nits) appear as white flakes on hair and are firmly attached to hair shaft</p>	<p>*Medicines such as RID or other over-the-counter preparations for killing lice</p> <p>*Shampoo hair and repeat in 7-10 days</p> <p>*Wash any sheets, blankets, and clothing that came in contact with hair in very hot water</p> <p>*Clean combs and hairbrushes in hot water</p>	<p>*Exclude from school until satisfactory treatment has been carried out and child is free from live lice.</p>
<p><u>PINK EYE</u> (<u>CONJUNCTIVITIS</u>)</p> <p>An irritation of the linings of the eyelids and the coverings of the whites of the eyes</p>	<p>*Redness and inflammation in one or both eyes, often with a yellow, purulent, but sometimes watery, discharge</p> <p>*Swelling of the eyelids</p>	<p>*By direct contact with the infected person</p> <p>*By indirect contact with articles such as towels recently soiled by discharges from the eyes</p>	<p>*Home treatment should always be directed by your doctor as different causes call for different therapies</p> <p>*Wash your hands after touching an infected child. Encourage frequent hand washing</p> <p>*Discourage eye-rubbing</p> <p>*To protect others, have sick child use paper towels or isolate his/her towels</p>	<p>*Children with suspected pink eye must be excluded from school until irritation and/ or redness has cleared</p> <p><b>*Staff must receive written or oral permission from the medical provider allowing the child to come back to school</b></p>
<p><u>SCABIES</u></p> <p>Infestation by a microscopic mite (sarcoptes scabai) causing severe itching by burrowing into the skin to lay eggs</p>	<p>*Small bumps or bumps with a black dot (mite) in the center. As the mite travels beneath the skin, the bump often becomes tunnel-like in appearance (burrow)</p> <p>*Severe itching becoming worse at bedtime</p> <p>*Usually found between fingers, at wrists, waist, hollows of elbows, navel, nipples, and genitals</p>	<p>*By using personal clothing, bedding, or toilet articles of someone who has scabies</p>	<p>*Follow instructions from your doctor</p> <p>*Treatments are available as over-the-counter and as prescription</p> <p>*Treat all family members at the same time</p> <p>*Launder all clothing, linens, and towels in hot water</p>	<p>*Exclude from school until recovery is complete. If a child is being treated with miticide, he/she may return to school after at least 24 hours of treatment</p> <p><b>Provide documentation of treatment from the child's medical provider.</b></p>
<p><u>RINGWORM</u></p> <p>A common skin infection caused by a fungus which is easily treatable and usually painless</p>	<p>*Flat red spot that grows outward to assume a circular shape with a scaly rim and clearing center</p> <p>*Scalp ringworm involves patchy hair loss and inflammation</p>	<p>*Ringworm fungus can be picked up through direct or indirect contact with infected persons or pets</p>	<p><b>*Seek advice from your child's doctor regarding treatment and/ or medication.</b></p> <p>*You should see some improvement within a week</p>	<p>*Exclude from school until recovery or medical provider gives verbal or written permission to staff stating child may return</p> <p><b>*Seek advice from your child's doctor regarding treatment and/ or medication.</b></p> <p>*If ringworm area can be covered, school</p>



## ☑ HEAD LICE POLICY AND ROUTINE HEAD LICE CHECKS

Child Start follows the recommendations of the California State Department of Health Services to maintain a “no lice” policy. This means children will be temporarily excluded from attending class if live lice are observed in the child’s hair. Children may return to class after treatment has been completed and no live lice are found in the hair.

Head lice are a common issue in child care settings. Head lice are **not** caused from poor grooming. Anyone can get head lice. ***It is important for both staff and parents to share the responsibility to do routine screening for head lice.***

Parents can be very helpful by checking the hair of all family members once a week. The Teacher can show parents how to do lice checks. Pictures of head lice can be found in the Health Binder for staff and parent reference.

Center Base Routine Lice Checks– Are done every Monday (or the first day back from winter/spring break or a long holiday weekend) during the Daily Health Check, every Thursday, sometime during the day, and every day for a week after a head lice case has been identified at the site.

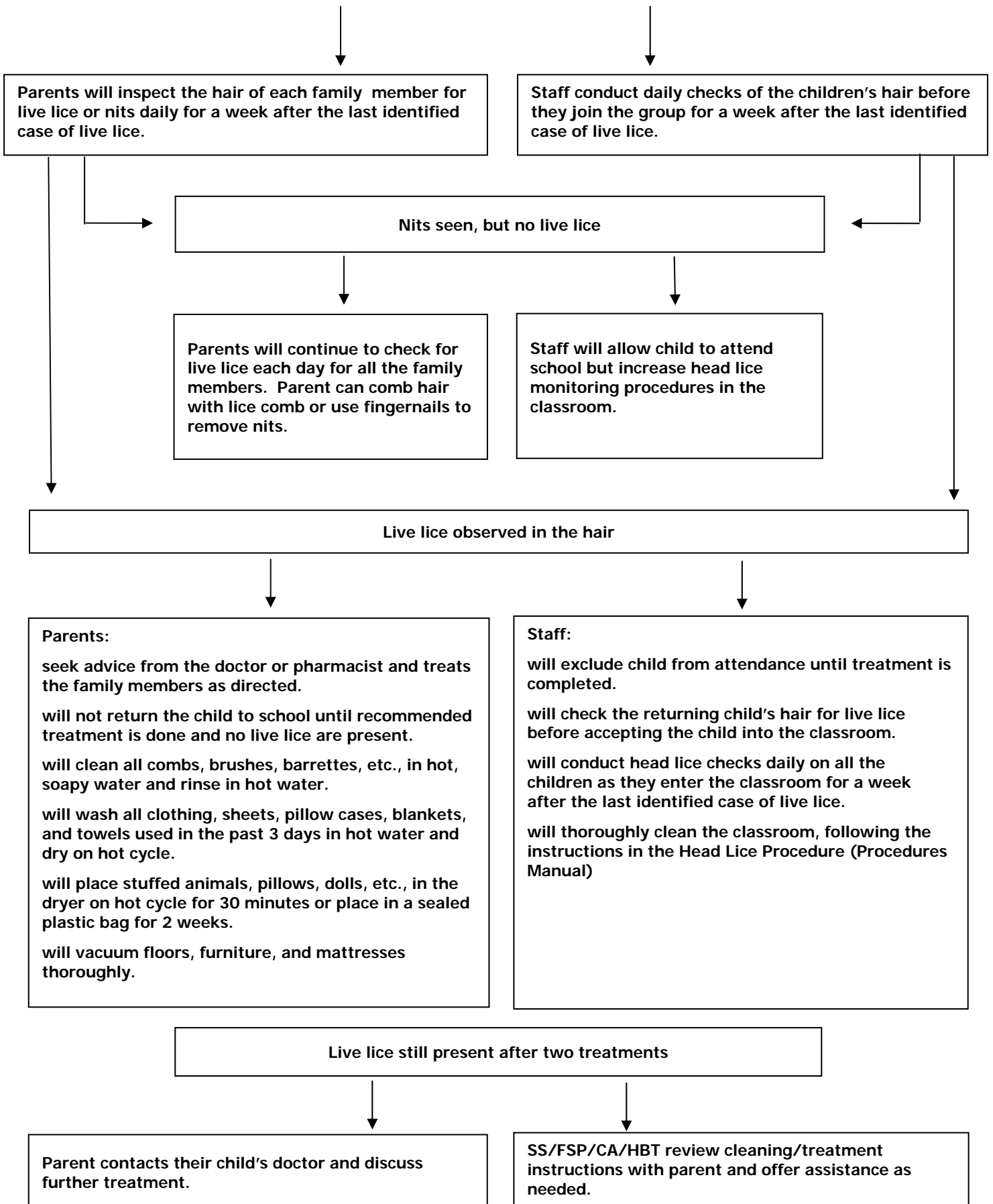
Home Base Routine Lice Checks– Are done during one socialization each month, as part of the Daily Health Check routine and at one home visit a month, in collaboration with the parent to monitor for head lice issues.

As much as possible, staff reduce the opportunity for cross contamination of head lice by implementing the following routine prevention practices in the classroom:

1. Provide an individual cubby for each child’s personal belongings. Items, such as coats, hats, and scarves, etc., will be stored in the children’s cubbies in a way that prevents one child’s personal belongings from touching those of other children.
2. Ensure that brushes and/or combs will not be used at school.
3. Complete a thorough site cleaning the same day a head lice exposure is identified.
4. Increase head lice checks of all children to an everyday practice for at least one week after each exposure incident.



# PARENT/ STAFF LICE CONTROL PARTNERSHIP PLAN



## INJURED CHILDREN

If a child is injured at a center, staff will follow the Emergency Injury and Illness Procedures, as posted in each classroom. Any child injury requires parent/ guardian notification (Non-Staff Accident Report/Ouch Report AD20 or phone call, depending on the severity of the injury). Please see the procedures below and on the following page.

### **Minor injury not requiring professional medical treatment**

STEP 1: A member of the teaching staff removes the child from the group (when possible) and provides first aid following Universal Precautions- Exposure Control Plan with the classroom first aid kit materials. Staff obtains assistance as necessary to ensure that other children are well supervised.

STEP 2: Teacher 1 or designated staff decides if the parent/guardian needs to be contacted, who shall contact the parent/ guardian, and who shall stay with the child, depending on the injury until he/she is picked up.

STEP 3: A member of the teaching staff (HT/HT2 or designee) completes the "Ouch Report" part of the Accident Report (AD20). The second NCR page with only the "Ouch Report" section is given to the parent/guardian when they pick up the child that day. Any injury requiring first aid (those requiring more than a band-aid or ice) need to be documented on the second section called the "Supplemental" part of the Accident Report (AD20).

STEP 4: The Site Supervisor reviews for accuracy and completeness and faxes a copy to the Office Assistant at the administrative office within 24 hours of the injury. (Send it even if the insurance or follow-up section is not complete at the time). SITE STAFF must complete the insurance information and follow-up section with the family.

STEP 5: Complete the follow-up section, **being sure to ask the parent/ guardian if they incurred any 'out of pocket' expenses.** If a family incurs out of pocket expenses, please collect a receipt and attach it to a service referral. If the out of pocket expenses total more than \$25, notify the RPM to determine whether the agency's Student Accident Policy form will need to be completed.

STEP 6: Document what follow-up action was taken on the Accident Report (AD20) and note the contact in the child's file.

STEP 7: Send a completed copy of the form within 72 hours to the RPM / HB or TCCC Supervisor. The completed original is filed in the child's file.

A monthly report of all accidents will be given to the Program Manager, Regional Program Manager, Home Base, or Site Supervisor. The full report is reviewed and health and safety concerns are immediately corrected.

## INJURED CHILDREN Continued

A monthly report of all accidents will be given to the RPM. The full report is reviewed . Health and safety concerns are immediately corrected.

### **Major injury requiring professional medical treatment**

STEP 1: The Teacher 1 or Site Supervisor assesses whether the injury is severe enough to call 911 and contact the parent/guardian. The Site Supervisor accompanies the parent/ guardian and the child to the doctor when necessary.

In the event that the parent/guardian cannot be contacted, and if the child needs to be transported by ambulance to the hospital, the Site Supervisor or Regional Program Manager will accompany the child. Staff must take the child's Emergency Information and Release Form (AD11) and the Non-Staff Accident Report (AD20) to the hospital.

STEP 2: Immediately report the injury to the RPM; if unavailable, contact the Deputy Director. The RPM, Site Supervisor, or Deputy Director will report the incident (call CCL at 707-588-5026 within 24 hours) to Community Care Licensing if it includes any of the following:

- Death
- Catastrophes
- Poisoning
- Epidemic Outbreaks
- Fire or explosions
- Serious or non-serious injury requiring medical treatment
- An unusual incident or child's absence that threatens the physical or emotional health or safety of the child.
- Suspected Abuse (Follow procedures in the Child Abuse Reporting section).

STEP 3: The staff witnessing the incident completes (request assistance from Regional Program Manager if needed) the Community Care Licensing "Unusual Incident/Injury/Death Report" (Lic 624) form (see procedure for use of the "Unusual Incident/Injury/Death Report" Community Care Licensing form (LIC624) on the following page.

Additionally, the RPM will review all Unusual Incident Reports prior to sending them to Community Care Licensing. If your RPM is unavailable, please contact the Program Manager, Deputy Director, or Executive Director, in that order, prior to sending the written report to Community Care Licensing. ***This is not intended in any way to prohibit staff from filing reports.*** If you cannot reach a member of the Management Team, you are still required to send the reports in the time line identified in this procedure. This procedure is intended to provide the appropriate levels of support to staff on site and to ensure that management is notified of any incidents in a timely manner.



## CUSTOMER SERVICE SURVEYS

We would like to hear from you about the services you receive from Head Start Staff. We want to be sure we are consistently providing the professional and courteous service you deserve.

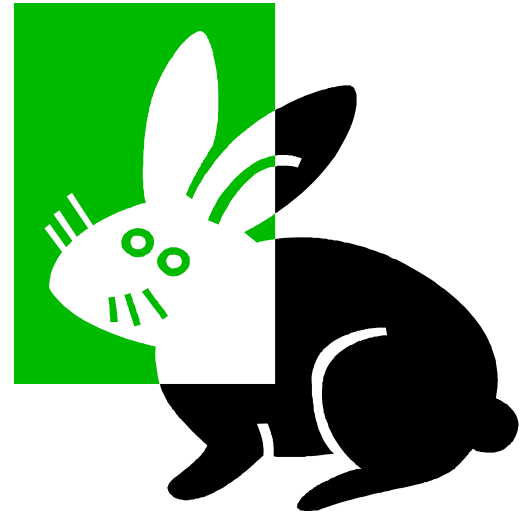
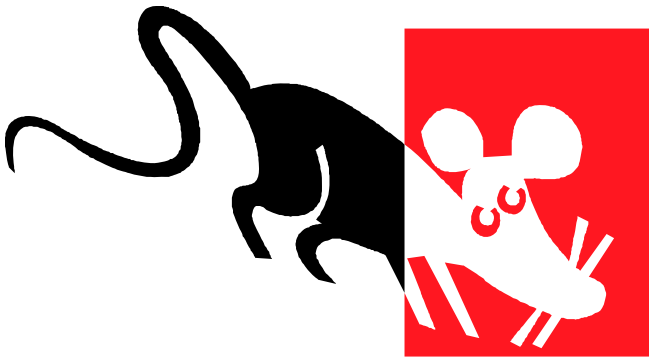
In December, you will be asked to evaluate your Head Start experience by completing an evaluation survey. Any time you have good news to share, or concerns, you may contact the Deputy Director at the following:

Debbie Peralez  
dperalez@childstartinc.org  
707-252-8931 x2865

**OR Call 1-866-573-4274**

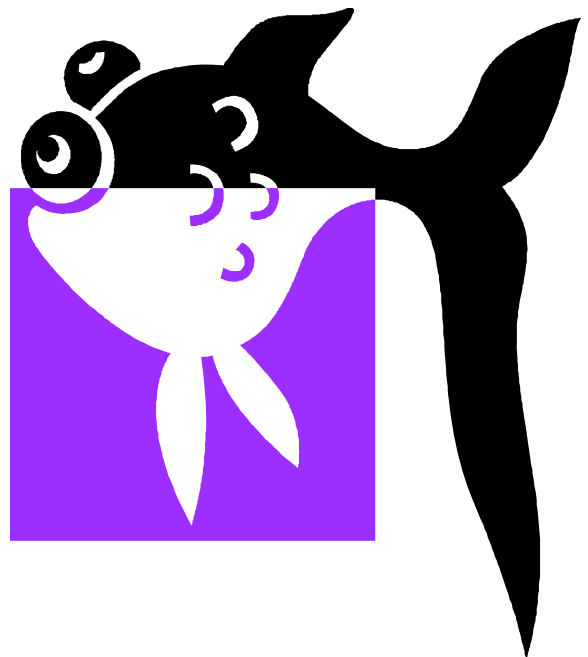
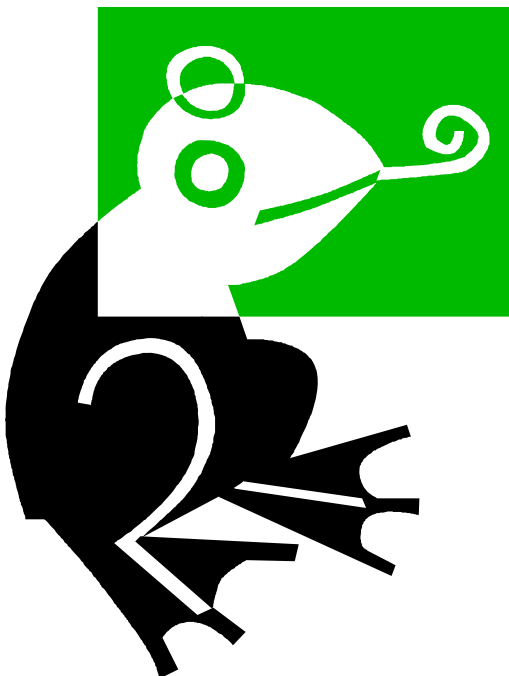


☑ PETS IN THE CLASSROOM



Due to the high incidence of asthma among enrolled children, furred and feathered pets are not allowed. Cockroaches are also a known asthma trigger and not allowed for that reason. Other pets not allowed in the classroom include ferrets, turtles, iguanas, lizards and other reptiles. Some examples of allowable "pets" are walking sticks, ant farms, and small fish. Site staff must be responsible for the routine care and cleaning of any pet containers (cages, fishbowls, etc.) and adhere to strict sanitation procedures.

Due to the sensitive environment of the Therapeutic Child Care Center, no animals are allowed at the center.



## CELEBRATIONS

Head Start encourages the celebration of life, friendship, and appreciation all through the year. Although traditional celebrations such as birthdays and holidays are not celebrated in the traditional fashion at Head Start, Child Start staff plan many fun activities that integrate special "child-centered" and family fun events during the year. These events are based on children's emergent interests.

General celebrations such as Star of the Week (Head Start), [Star of the Month \(Early Head Start\)](#), Day of the Young Child, Family Fun Events, and End of the Year Transition celebrations are only a few ways to celebrate with children and families.

Because of the growing ethnic and cultural diversity of families in the program, we strive to maintain awareness, sensitivity and respect for all.



## IN-HOUSE GUESTS

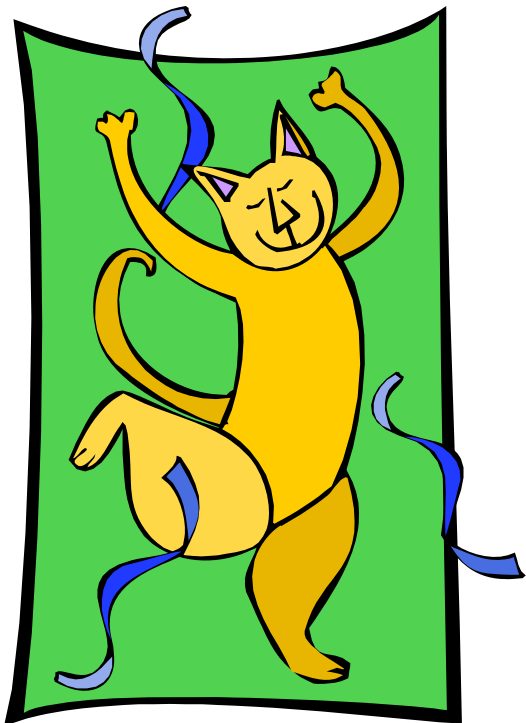
During the year the teaching staff plan various ways to enhance children's learning experiences. Opportunities to experience real life, hands-on learning are offered by inviting guests (parents and community members) into the classroom.

Guests can play an important role in young children's educational development. They provide opportunities for children to be exposed to varied backgrounds and experiences and to explore the neighborhood and community beyond the center. In addition, in-house guest experiences often stimulate further learning inside the classroom.

Guest visits are planned around:

- 1) the developmental level of the children
- 2) the children's current interests and experiences.

Parents and community members are always welcome to share family traditions, talents, hobbies, demonstrations, and information with Head Start children and staff. These sharing times should be arranged in advance.



## WALKING FIELD TRIPS

During the year the teaching staff plan various ways to enhance children's learning experiences. Opportunities to experience real life, hands-on learning are offered by taking children on walking field trips.

Walking field trips can play an important role in young children's educational development. They provide opportunities for children to be exposed to varied backgrounds and experiences and to explore the neighborhood and community beyond the center. In addition, walking field trip experiences often stimulate further the classroom educational experience and are documented on the Weekly Lesson Plan.

Walking field trips are planned around:

- 1) the developmental level of the children
- 2) the children's current interests and experiences.

Field trips are within safe, walking distance of the center. The number of walking field trips will vary. Parent volunteers must be present to assist the teaching staff on field trips.

Parent/ guardian notices and permission are required for all walking field trips, at least one week in advance, on the Walking Field Trip Notice. In addition, the notice will be clearly posted on the building when the class is away from the center on a field trip.

Volunteers are urged to participate and assist on walking field trips.

Siblings may not attend a field trip with a parent volunteer serving as a Head Start "chaperone." The parent chaperone is needed to maintain the required adult to child ratio at all times.

Teaching staff must observe the Adult to child ratio (1 adult per 3 children).

Children, parent/ guardians, and staff should experience a part of the classroom routine on the day of the trip. Walking field trips are integrated with the rest of the program and do not over-stimulate or exhaust children. Trips are the very first activity of the day.

There will not be more than two walking field trips per month.

Walking field trips are approved in advance by the Site Supervisor.



## **WALKING FIELD TRIPS**

### **During a Walking Field Trip**

When on a Walking Field Trip, staff will take the following with them on all field trips:

1. Emergency information folder, which includes:
  - Signed parent/ guardian permission for each child (AD15)
  - Medical Release for each child and consent to treat a minor for each child
  - Emergency Information form (AD11)
2. Class Roster
3. Non-Staff Accident Report (AD20)
4. Emergency information for staff and chaperones (if needed)

Nametags, with identifying information, must be worn for the duration of the field trip.

Staff will take pictures of children's experiences and reactions while they are on the walking field trip and will engage children in open-ended conversation about what they are experiencing during the walking field trip.

Prior to return, staff will do a head count to ensure the presence of all children and adults accompanying the class.

### **Emergencies**

Head Start staff shall be prepared to handle any medical emergency that may occur during field trips.

Before leaving the center, the classroom teacher compiles a list of all staff and parent/ guardians with emergency contacts and telephone numbers.

Teachers and designated staff must develop a system to insure that emergency numbers are current.

Designated staff carries consent forms, Non-staff Accident Report, Unusual Incident/Injury/Death Report form (Lic 624), insurance/illness forms, and first aid kits.

A staff member with a current Health/CPR/First Aid certification must accompany the class on all field trips.

Extend the field trip experiences into future classroom activities. Display the pictures taken on the field trip in a class book with text dictated by children. Place the book in the classroom library.

## STAR OF THE WEEK

At Head Start, we believe that a good mental attitude has a direct impact on a child's ability to succeed. We have integrated the "Star of the Week" into our curriculum.

It is our hope that we will begin to instill a positive sense of worth in students by giving them and their families some special recognition. Children will be given an opportunity to "host" an interview where they discuss the qualities that make themselves and their families unique.

The following is some information about our "Star of the Week" program and how you can assist in making this a memorable experience for your child.

Each classroom / home base teaching staff has his/her own unique ways of honoring children on a daily basis. However, It is our intent as well, to develop cultural sensitivity as our Head Start population encompasses many kinds of families (i.e., grandparents as caregiver, single parent families, etc.) and ethnic backgrounds. Your child may participate in some of the example activities listed below.

### Suggestions

- ♦ Parent to assist teacher in developing the "All About \_\_\_\_\_" Bulletin Board. (i.e., Bring in family photographs, favorite toy or book, infant sized clothing, a lock of baby hair, etc.)
- ♦ Prepare child's favorite food with the class. (i.e., spaghetti). Child gives his recipe and method of preparation at group time. Note: If you would like to do this please contact your child's teacher at least two weeks in advance to make sure it is nutritionally appropriate and can be worked into the menu. All food items necessary will be provided by Child Start.
- ♦ Come to the classroom and tell a story about your child.
- ♦ Support your child in teaching the class a song or rhyme that is special to your family.
- ♦ Child will be interviewed to develop a list of "Favorites" (favorite food, clothing, person, color, animal, place, song, story, facial feature, TV program).
- ♦ Child may receive a special hat, crown, or badge to identify him/her as "Star of the Week".



## A Parent's Experience

*Being involved in Head Start has been one of the greatest experiences of my life. I served Child Start as a parent, as a volunteer, as a student teacher, as a Policy Council representative for my site, and as an officer of the Policy Council.*

*I've been given the opportunity to grow in many aspects of my life. I have learned simple things, and hard things. I learned how to make play dough, how to make "funny food", how to discipline my children with love, and most of all, how to be a better mom.*

*I knew that when volunteering, the children heard every word I said; I learned that as an adult, it's better to teach children not only with words but with good examples. I learned that being a child is not easy, but is the most fun thing to do in the world. Children make many friends, get dirty in the sand box, get wet at the water tables, and get paint all over their clothes. Yet, they are not dirty, they are not wet, and they are not painted. They are getting smarter!*

*Child Start gave me the opportunity to take a college level course in early childhood education. I was also able to take a Ropes Course that helped me realize that even when I'm very scared of some challenges, I must stay on path, even if I am shaking. I learned how to work better as a team, which helped me get elected as the Vice-Chairperson for the Policy Council. And, because of this position, I was given the opportunity to attend a National Head Start Conference in Orlando, Florida where I took a lot of classes that are going to help me with my career in the future.*

*In 9 months, I grew more as a person than I did over the 3 years that I've been in the United States. I know that all the staff at Child Start work really hard every day to get big smiles not only from the children in the program, but from their families as well. I would like to thank everyone who makes this program possible - all the people who work in the offices, in the classrooms, and in the kitchens.*

*On behalf of thousands of families that Child Start serves, I would like to say "Thanks" for giving us a better quality of life.*

*Sincerely,*

*Beatriz Donatt*

*Vice Chair*

*Policy Council 2005-2006*



## **HEALTH REQUIREMENTS FOR ENROLLED CHILDREN**

A current Well Child Exam and Tuberculosis Exposure Risk Assessment must be in the child's file for children entering Early Head Start Classrooms. A current Well Child Exam or physical exam and results of a Tuberculosis Risk Assessment or TB Test must be in the child's file within 30 days for all children entering Head Start classrooms. Well Child Exams must include all required health screenings/ tests included in the Child Health and Disability Prevention Program Early Periodic Screening, Diagnosis, and Treatment Periodicity Schedule for each designated age range.

## **STATEMENT OF GOOD HEALTH/TB SCREENING FOR VOLUNTEERS AND SIBLINGS AND SIBLING IMMUNIZATIONS**

### **Policy and Timelines**

Parents, guardians, volunteers, and siblings (18 months or older) spending time in the classroom will be considered a "regular volunteer" and will be required to have a TB test and results on file. [Title 22, Child Care Licensing 101216 (g) (3) (A-B)]. Adult volunteers must also sign a Statement of Good Health, which will be attached to the (HE40) TB Letter parents receive.

State Licensing mandates that the test results be dated no more than 1 year prior to the child's enrollment date and documentation received no later than 7 days from the initial volunteer presence in the facility. Chest x-rays dated up to four years prior to the enrollment date or an updated doctor's signed clearance statement based on chest x-ray results can be accepted as current.

Doctors may choose to do a TB Exposure Risk Assessment on young siblings, but adults must have a TB skin test/doctor's clearance to volunteer (unless the parent is pregnant and the doctor is refusing to do the TB test during pregnancy/breastfeeding). In this case, a TB Exposure Risk Assessment may be accepted temporarily until the pregnant mother has delivered and is no longer breastfeeding. The new mother must then provide documentation of a TB skin test.

Additionally, siblings (older than 18 months) of Head Start children who spend time in the classroom are required to have up-to-date immunizations. Documentation of the sibling immunization records is to be placed in the folder with the TB test documentation.

## **HOW TO GET A TB TEST**

Check with your doctor or clinic to see if your insurance will cover the cost of the test. If you do not have any insurance and/or there is a fee you cannot afford, discuss this with your Site Supervisor when they contact you about enrollment.

Below is a list of the local clinics that will perform a TB skin test.

### **CLINICS OFFERING TUBERCULOSIS TESTING**

<b>DIXON</b>	<b>VACAVILLE</b>	<b>AMERICAN CANYON</b>
Dixon Family Practice 131 West A Street, Suite 1 Dixon, CA 95620 635-1600	Community Medical Center 600 Nut Tree Rd. Ste. 260 Vacaville, CA 95687 359-1800	Harvest Pediatrics 3417 Broadway St. American Canyon, CA 94503 554-4017
<b>FAIRFIELD</b>	<b>VALLEJO</b>	<b>NAPA</b>
Solano County Family Health Services 2101 Courage Drive Fairfield, CA 94533 784-2010	Solano County Public Health Clinic 355 Tuolumne Street Vallejo, CA 94590 553-5509	Napa County Health & Human Services 2344 Old Sonoma Road, Bldg. G Napa, CA 94559 253-4270
Planned Parenthood 1325 Travis Blvd. Fairfield, CA 94533 429-8855	La Clinica Vallejo 243 Georgia Street, Ste B Vallejo, CA 94590 556-8100	Harvest Pediatrics 1100 Trancas Ave Napa, CA 94558 252-1076

**IMPORTANT: ALWAYS REMEMBER TO RETURN TO THE CLINIC WHERE YOU HAD THE TEST TO HAVE THE RESULTS READ ON THE DAY THE CLINIC ASKED YOU TO RETURN!**

## **VOLUNTEERING**

At Head Start, teachers and parents/guardians are partners in a child's life and education. Parents/guardians are always welcome as Head Start partners.

Volunteering in the classroom is just one way families and staff work together to share their talents, knowledge and energy so that they or their children receive the greatest benefit. In order to maintain a safe, positive, and nurturing environment while maximizing parent participation in the classroom, guidelines for including siblings in the classroom have been developed.

Parents make a tremendous difference in the lives of their children, and in the success of the classroom. Research clearly demonstrates that when parents are involved, children achieve higher academic gains, and have a more positive attitude about school. Being involved in the classroom helps parents know what is being learned, equipping parent to better support their children's learning at home. Teachers benefit too, and do their jobs better, when they have classroom support. Even if you have a tight schedule, squeezing in some volunteer hours can make a world of difference to your child's educational success.

**TB tests are required by law for all parents and siblings (18 months and older) spending time in the classroom.** Please note that parents are responsible for their non-Head Start children) while volunteering.

**Ways to volunteer:** Ask your child's Site Supervisor or Teacher how you can help, discuss ideas that appeal to you and share them with the Site Supervisor or Teacher.

## **Health Requirements for Parent Volunteers**

Your participation in the classroom is very important to us and to your child. There are many ways you can volunteer in our program and we encourage you to participate as much as your schedule allows.

If you have an allergy or health condition that could become a medical emergency while volunteering, we recommend you discuss it with your child's teacher/HBT and make plans for what will be done if an emergency situation occurs. Your health information will be kept confidential.

## **Illness and Safety Guidelines**

For the protection and safety of all children and families, please practice the safety guidelines below while volunteering in Child Start programs:

- ✓ Follow the illness prevention procedures while volunteering (i.e. proper hand washing and sanitation procedures, no smoking, etc.)
- ✓ Stay home if you or your child is having symptoms of illness.
- ✓ If you are pregnant, have an immune system disorder, or your child is not immunized, take extra precautions to stay home if a contagious health issue is identified in the classroom.

# In-Kind



**Each hour you spend  
with us helps support  
your child's program!**

**Head Start is not just for children - it's for families too!**

**Parent participation cannot be required as a condition of enrolling a child in Head Start. It is strongly encouraged! Besides the gains children make when families become involved in their education, Head Start programs depend on parent involvement for funding. Time contributed by helping Teachers in classrooms, assisting Site Supervisors, attending meetings, preparing materials at home, and contributing items to the program are considered an "in-kind" donation.**

**The Federal government requires Head Start programs to come up with 25% of the total budget with matching "in-kind" dollars. If we fail to meet this matching requirement, we may not be able to continue the quality of services currently being offered to families and children in Napa and Solano counties.**

# VOLUNTEERING



- \* Assist individual children, have conversations, provide one-on-one support with activities



- \* Read to the class, set up art and craft projects, assist with outdoor games and activities

- \* Assist children with tooth brushing, setting the table, and hand washing

- \* Help run a book exchange at your site, have parents donate used books, and start a classroom library

- \* Be a Policy Council Representative, and represent your site or a classroom leader



- \* Share your families traditions: have children learn a song in a foreign language, learn a new dance, prepare an ethnic meal, talk about different customs, and music. These activities are an excellent way to help children understand different cultures and build on cultural awareness and understanding.



- \* Organize a family night, a parent group, participate on a Head Start committee, attend parent meetings, and home visits

- \* If you would like to do something other than volunteering in the classroom, be the contact person, and inform and call other parents about special events, and monthly meetings. Assist with translation at meetings, or translate flyers. The teacher can always use help with laminating and copying materials for the classroom.



- \* If you like the outdoors, help children plant a garden, or go on one of the walking field trips

- \* Teach a lesson: A lesson can be a simple hands on learning activity, you liked as a parent or when you were a child, discuss your idea with the teacher, your child's teacher can often provide materials for the lesson



- \* Share a talent, make a favorite family recipe, the teacher can often assist with getting ingredients

- \* Volunteer at home: Make play dough for the class, or cut out materials for a lesson

# **DISABILITIES**

Historically, people with disabilities have faced discrimination including children with disabilities being denied access to child care settings. Child Start is committed to providing quality services for all families and encouraging enrollment of children with disabilities. It is the belief of Child Start that children, during the first five years of life, are more alike than different, and are much more accepting of differences.

All children have unique and special needs whether they do or do not have a disability. Including all kinds of children in child care and school settings encourages the celebration of these individual differences. Similarly, diversity in children's abilities and backgrounds enhances and enriches their learning experiences. A nurturing environment provides all children with opportunities to explore and develop their unique abilities and gifts.

Various education and community programs may provide extra services to children in the Head Start classroom. These services are provided with and/or under the supervision of the Child Start teaching staff. Staff associated with these programs have completed a criminal background check through their employer or Child Start.

## **Benefits of Inclusion for Children and Families**

### **Children**

- Make friends.
- Show more pride in their achievements.
- Build interdependence and ability to deal with obstacles.
- Notice how they are similar.
- Develop better language, communication, and interpersonal skills.
- Demonstrate better problem solving ability.
- Learn self-respect by being part of a positive, normal environment.
- Learn to accept others as they are.
- Develop patience and compassion.
- Learn to accept their own strengths and needs.
- Learn to help others.

### **Families**

- Discover ways to include others.
- Discover that others can provide a secure and nurturing environment for their children.
- Learn to accept their own child's strengths and needs.
- Share common experiences.
- Feel a kinship with other parents.

# **EDUCATION**

At Child Start, curriculum emerges from the ever growing developmental needs and individual interests of children and families.

## **Curriculum Mission**

- Provide curriculum that supports language/literacy development
- Accept and honor the diversity within all children
- Respect the culture of each family
- Develop curriculum as a team with parents
- Provide curriculum that is developmentally appropriate and individually stimulating
- Promote educational excellence and success for all children, families, and staff
- Provide a child-centered environment enriched with opportunities for effective learning and future success

## **Philosophy Statement**

- We encourage individuality. All children have unique abilities, talents and interests. Our teachers work with families to uncover each child's unique self and incorporate all children's needs and interests into curriculum planning.
- We celebrate diversity. A child's family and culture defines a child's identity. We recognize and appreciate all families and their unique culture.
- We recognize the parent as the primary teacher in a child's life. We involve parents in planning curriculum for their child. We encourage parents to support their child's growth and development at home.
- We design inclusive, safe, healthy, fun environments for children. Our environments are adaptable to include the varying needs and interests of all children.
- We provide integrated, hands-on activities for children. Children learn best when they are actively involved in learning through play and exploration. Our curriculum integrates all interest areas in order to make learning meaningful and fun.
- Our curriculum is designed to lay a strong foundation for success in elementary school and later learning.

## **EDUCATION**

### **Early Head Start**

Nurturing and responsive relationships in an infant/toddler's first three years is the primary foundation for early learning. Early Head Start staff support parents in understanding the importance of the parent/child relationship, support parents in their role as the primary teachers of their children, and partner with parents in developing an individualized child development experience that ensures the infant/toddler meets their full potential .

Staff and parents work together to stay in tune with the rapid development of the child by completing:

- Periodic screenings (Ages & Stages Developmental/ASQ: Social-Emotional)
- Ongoing assessments (The Ounce Developmental Profile) with ongoing observations and discussions between parents and staff.

Classroom curriculum, Home visits and Socializations are then planned and implemented based on the child's changing interests and individual needs.

Activities planned for the classroom/home visits/ Socializations are to take into account the family's culture and support language development, physical growth and development, social-emotional development, and cognitive development.

### **Head Start**

Head Start provides families with a safe, nurturing, engaging, and enjoyable environment which is inclusive of all children. The varied opportunities provided by the program support each child's physical, social, emotional, and cognitive development. Meaningful, interactive experiences with language provide the most effective curriculum for developing speaking, reading, writing and listening skills. The importance of language and literacy is evident in Head Start classrooms and home visit activities.

# **EDUCATION**

## **Schedules**

### **Early Head Start Center Base**

Infant classroom daily schedules are based on the individual needs of the infants in the group.

Toddler classroom daily schedules include group activities such as meal times, nap times, tooth brushing, small and large group activities, and outside play. The schedule may vary depending on the needs of the enrolled toddlers.

### **Head Start Center Base**

The daily schedule and routine form the basic structure of the preschool day. Having a consistent schedule is important to help young children trust, feel more secure, and predict the sequence of events that will occur during their day. The daily schedule also helps give children a sense of time.

<b>A Typical <u>Classroom</u> Schedule</b>
Greeting / Visual Health Check / Sign-in
Family Time / Welcome Activity
Hand washing / Breakfast or Lunch / Free Choice Activities
Circle
Outdoor Activities
Free Choice/ Work and Play Activities
Circle
Hand washing / Lunch / Tooth brushing
Quiet Table Games and Books / Family Time
Departure

Schedule times will vary slightly in each class though breakfast should always start before 9:00am and lunch before 1:30pm. Ask your child's teachers to go over the schedule with you.

Children are offered the opportunity to rest without distraction or disturbance from other activities at the center. Only full day centers offer nap time as part of the daily schedule. A napping space and cot are available for all children. Children may choose to nap but are not forced. No child shall be forced to stay awake or to stay in the napping area longer than the normal napping period which is an hour and a half. Teacher to child ratios must be maintained during nap time.

### **Socializations**

At Play Group, there are opportunities for planned activities, outside play, snack time, and once a month, parent meetings.

## EDUCATION

### WORDS THAT HELP CHILDREN GROW

At times children seek help from adults. Adults should model the desired behavior and help when necessary, give verbal directions to help children learn a new behavior or skill. When adults help they must be sure to use language that is not restrictive, but positively encourages appropriate behavior. Some examples are listed below.

#### SAY

"Use two hands when you climb."

"Use your shovel for digging."

"You'll need an apron."

"Scissors stay on the table, or here in the holder.  
We can find them when we need them."

"Can you push your own sleeves up?"

"OOPS, juice spills sometimes; Here's the sponge  
to clean it up."

"You've painted for a long time and it will soon be  
time for lunch. I'll help you put your  
picture up to dry."

"Turn the pages by the corners  
carefully. That's right."

"Puzzle pieces stay here on the table."

"Everybody move back a little. I'll hold the book so  
you can see."

#### DON'T SAY

"Hold on or you'll fall."

"Don't swing your shovel up that way."

"Don't get paint on your clothes."

"Don't run with the scissors."

"Don't get your clothes wet."

"Be careful pouring; here, I'll do it."

"You have to stop painting now. Don't you want  
lunch?"

"Watch out! You'll tear the book."

"Stop dropping puzzle pieces on the floor."

"Don't crowd. You can all see."

## CHARACTERISTICS TYPICAL OF CHILDREN

### FROM SIX MONTHS TO FIVE YEARS

Children usually develop in a natural sequence, progressing from one milestone to the next. However, each child will develop at his/her own pace and may reach a milestone earlier or later than indicated here. The following information is intended as a general guideline, representing typical development for children between six months and five years of age. If you are concerned that your child is behind in several areas of development, please contact your pediatrician.



#### Sources:

American Academy of Pediatrics (2004). Age three to five years. In SP Shelov, RE Hammann, eds., *Caring for Your Baby and Young Child: Birth to Age 5*, 4<sup>th</sup> ed., chap 12, pp. 339-388. New York: Bantam.

Retrieved May 4, 2011, from <http://health.msn.com/health/topics/milestones-for-5-year-olds>

Caring for Your Baby and Young Child: Birth to age 5 (2009). American Academy of Pediatrics.

Retrieved May 3, 2011, from <http://www.healthychildren.org/english/ages-stages/toddler/pages/Developmental-Milestones>

## INFANTS AT SIX MONTHS

### Physical Characteristics

- \* Turn head when name is called
- \* Keep head level when pulled to sitting
- \* Can lift legs high enough to see own feet when lying on their back
- \* When their hands are held for balance, support own weight in standing
- \* Pay attention to small objects held in front of their face
- \* Sit on floor by leaning on hands
- \* Roll back and forth in both directions
- \* Reach for and grasp objects
- \* Push up with arms, raising chest off floor, when lying on tummy

### Social and Emotional Characteristics

- \* Make eye contact (e.g., gaze into a familiar caregiver's eyes while being fed)
- \* Laugh
- \* Smile in response to a familiar person's smile
- \* Respond to sounds with sounds
- \* When spoken to by a familiar person, seem to be listening
- \* Smile or coo at self when in front of a large mirror

### Thinking/Language Characteristics

- \* Imitate sounds and facial expressions
- \* Make sounds like "da", "ga", "ka" and "ba"
- \* Explore objects held with their mouth
- \* Transfer items from hand to hand
- \* Play by banging a toy up and down on the floor or table

## INFANTS AT TWELVE MONTHS

### Physical Characteristics

- \* Clap hands and bang objects together
- \* Drink from a cup independently
- \* Sit without help
- \* Pull themselves up to standing by holding onto support
- \* Stand alone momentarily
- \* Crawl well
- \* Walk by holding onto furniture well
- \* Use thumb and finger "pincer" grasp to pick things up
- \* Pull off socks
- \* Play ball and Pat-A-Cake

### Social and Emotional Characteristics

- \* Wave goodbye
- \* Indicate wants with gestures other than crying
- \* Fearful of strangers
- \* Smile and laugh in response to a familiar adult's smile and laughter
- \* Get upset if you take a toy away
- \* Distinguish emotions by your tone of voice

### Thinking/Language Characteristics

- \* Respond to own name
- \* Understand the word "no" but may not always obey it
- \* Say "mama" and "dada" to the right parent
- \* Say one word other than "mama" or "dada"
- \* Imitate others' sounds and actions (e.g., clap when you clap)
- \* Babble different word-like sounds
- \* Play Peek-A-Boo

## INFANTS AT EIGHTEEN MONTHS

### Physical Characteristics

- \* Feed self with a spoon
- \* Hold a pencil to create marks on paper
- \* Turn pages of a book (may be two or three at a time)
- \* Walk independently
- \* Walk backwards
- \* Run
- \* Start to climb and explore
- \* Creep up stairs
- \* Stand up from squatting
- \* Stack three blocks

### Social and Emotional Characteristics

- \* Become attached to a stuffed animal or other object
- \* Enjoy cuddling
- \* Enjoy singing
- \* Become upset when frustrated
- \* Enjoy simple games
- \* Point at a wanted item
- \* Try to get your attention (e.g., by pulling on your hands or clothes)
- \* Love to explore surroundings
- \* Show less separation anxiety

### Thinking/Language Characteristics

- \* Communicate with words and gestures
- \* Begin to use words more to express wants/needs
- \* Say 10 - 15 words
- \* Use certain words regularly
- \* Recognize and name familiar objects
- \* Understand & use simple phrases (e.g., "All gone")
- \* Respond to simple directions

## CHILDREN AT TWO YEARS

### Physical Characteristics

- \* Put on and take off some items of clothing alone
- \* Make structures out of toys or blocks
- \* Stack six blocks
- \* Turn over container to empty it
- \* Walk down stairs with some assistance
- \* Carry a toy while walking
- \* Stand on tiptoes
- \* Jump with 2 feet leaving ground at same time
- \* Throw a ball overhand
- \* When shown how, try to kick a ball

### Social and Emotional Characteristics

- \* Enjoy helping around the house
- \* Play alongside (but not often with) other children
- \* Imitate behaviors of others (especially adults and older children)
- \* Become more aware of self as separate from others
- \* Become more enthusiastic about the company of other children
- \* Begin to show defiant behavior

### Thinking/Language Characteristics

- \* Have half their speech understood
- \* Form 2 to 4 word sentences
- \* Have a vocabulary of 50 to 200 words
- \* Name 5 parts of a doll's or their own body
- \* Name pictures in a book
- \* Enjoy simple puzzles
- \* Follow simple two-step directions
- \* Enjoy pretend play (e.g., feeding a doll)

## CHILDREN AT THREE YEARS

### Physical Characteristics

- \* Very active
- \* Increase skills in stacking objects, jumping, climbing and throwing
- \* Increase skills in climbing up and down stairs
- \* Increase independence in dressing and brushing teeth
- \* Walk on a line
- \* Walk on tiptoes for a few steps
- \* Hop on one foot
- \* Draw simple shapes

### Social and Emotional Characteristics

- \* Eager to please
- \* Their feelings may be extreme but short-lived; they need encouragement to express their feelings in words
- \* Show interest in playing with others
- \* May choose to play with 2-3 children
- \* Express their sense of humor
- \* Show increased interest in using the potty
- \* Learning to take turns
- \* Show increased interest in others' feelings
- \* Begin to follow simple rules and routines

### Thinking/Language Characteristics

- \* Enjoy exploring word sounds (e.g., rhyming)
- \* Enjoy making up stories
- \* Enjoy "pretend" play
- \* Enjoy exploring their surroundings
- \* Speak in 3 - 5 word sentences
- \* Show increasing attention span, enjoying activities for brief periods
- \* Increase questioning things (e.g., "Why this?, Why that?")
- \* Show interest in experimenting with crayons, clay and paints

## CHILDREN AT FOUR YEARS

### Physical Characteristics

- \* Pedal a tricycle
- \* Alternate feet when walking up and down stairs
- \* Walk forward, backward and sideways
- \* Balance on each foot for a second or two
- \* Climb over and through obstacles/climbing structures
- \* Mostly dress and undress self independently (without shoe laces or small buttons)
- \* Use a spoon and fork
- \* Brush teeth without help
- \* Uses a toilet without a training seat
- \* Boys start to stand at toilet instead of sit

### Social and Emotional Characteristics

- \* Socialize well with others
- \* May be "bossy" and begin name-calling others
- \* Develop friendships independent of family, such as new friends in preschool
- \* Enjoy playing with other children more often than playing alone
- \* Increase cooperation with others during play

### Thinking/Language Characteristics

- \* Little concern of past or future; interest and understanding is of the present moment
- \* Begin to think for themselves
- \* Enjoy pretend play
- \* Curious about new things in their surroundings
- \* Enjoy listening to stories, especially those about animals, people and real things
- \* Vocabulary of up to several hundred words
- \* Sentences may have 5 or more words
- \* Most words are understood by others

## CHILDREN AT 5 YEARS

### Physical Characteristics

- \* Draw a body with head, arms and legs
- \* Enjoy climbing and swinging
- \* Run fast with coordinated movement
- \* Can copy simple shapes (e.g., a triangle)
- \* Independent with toileting but may continue to wet the bed

### Social and Emotional Characteristics

- \* Eager to please and be liked by their friends
- \* May continue to be "bossy"
- \* Mostly play "by the rules"
- \* Aware of differences between boys and girls
- \* Play differently according to gender

### Thinking/Language Characteristics

- \* Begin to use simple counting during activities
- \* Aware of basic concept of time (e.g., morning, afternoon, night)
- \* Engage in conversations with others
- \* Often call people (or objects) by their relationship to others (e.g., "David's mom" versus "Mrs. Smith")
- \* Enjoy telling and talking about stories
- \* Little or no trouble being understood by others

## Work / Play Activities

<p><b><u>Blocks</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Develop fine and gross motor skills.</li> <li>• Practice problem solving skills.</li> <li>• Learn to work together &amp; cooperate.</li> <li>• Classify, sort, match and construct.</li> <li>• Develop imagination and creativity.</li> <li>• Learn pre-math skills.</li> </ul>	<p><b><u>Sand and Water</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Explore water, sand, birdseed, shaving cream and other materials using their five senses.</li> <li>• Measure, pour, scoop and sift.</li> <li>• Experience wet and dry materials.</li> <li>• Experience a soothing and fun activity.</li> </ul>	<p><b><u>Outdoor Activity</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Participate in a variety of outdoor activities to build healthy bodies.</li> <li>• Develop large muscles and body coordination by using a variety of outdoor equipment.</li> <li>• Participate in decision making when choosing playmates and taking turns.</li> <li>• Play outside everyday (except in severe weather -heavy rain, dangerous winds, excess heat or cold).</li> <li>• Feel free to run and be noisy to release excess energy.</li> </ul>
<p><b><u>Dramatic Play</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Develop imagination and creativity.</li> <li>• Dramatize, dress-up, imitate.</li> <li>• Relieve stress and anxiety through role play activities.</li> <li>• Learn about themselves and other people.</li> </ul>	<p><b><u>Music/ Movement</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Express themselves by singing, humming, dancing, composing and clapping.</li> <li>• Develop an appreciation for various types of music.</li> <li>• Express their feelings.</li> <li>• Build confidence and overcome shyness.</li> <li>• Develop body control and large and small muscles.</li> </ul>	<p><b><u>Circle</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Participate in a group.</li> <li>• Develop language skills through songs and stories.</li> <li>• Develop listening skills and attention span.</li> <li>• Take responsibility and control of their bodies.</li> <li>• Respect others' space.</li> <li>• Follow directions.</li> </ul>
<p><b><u>Art</u></b></p> <p>Children learn:</p> <ul style="list-style-type: none"> <li>• To express their own creative ideas.</li> <li>• That there are no rules or patterns to follow; that there is no right or wrong way to create.</li> <li>• To paint using sponges, brushes, fingers and different objects.</li> <li>• To sculpt with materials such as clay, play dough, shaving cream and wood pieces.</li> <li>• To cut, glue, paste and trace</li> <li>• To satisfy a need to take part in messy work.</li> </ul>	<p><b><u>Discovery</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Discover, explore, and experiment with a variety of materials, objects, and tools.</li> <li>• Make observations, predictions, and conclusions.</li> <li>• Use their senses to gain information about the environment.</li> <li>• Perform simple experiments.</li> <li>• Learn about care and respect for living things.</li> </ul>	<p><b><u>Manipulatives</u></b></p> <p>Children have the opportunity to:</p> <ul style="list-style-type: none"> <li>• Develop fine motor skills and hand-eye coordination</li> <li>• Develop thinking skills to identify, classify, sequence, order, match, and sort</li> </ul>
<p><b><u>Library</u></b></p> <p>Children participate in experiences that help them:</p> <ul style="list-style-type: none"> <li>• Love and care for books.</li> <li>• Listen, concentrate, and broaden their understanding of words.</li> <li>• Learn new concepts and facts.</li> <li>• Stimulate their imagination, curiosity and share ideas.</li> </ul>	<p><b><u>Writing</u></b></p> <p>Children participate in learning experiences that help them:</p> <ul style="list-style-type: none"> <li>• Develop fine motor skills.</li> <li>• Explore a wide variety of writing materials.</li> <li>• Develop pre-writing and writing skills.</li> </ul>	



## **FAMILY SERVICES**

Head Start serves the whole family. At the beginning of the year, we have you complete the **Welcome Letter**, (formerly referred to as Family Assessment). The Welcome Letter asks if there are any resources, referrals or services you and your family would be interested in. The Welcome letter is our way of knowing what specifically you would like information on, and we seek to provide you with the services and resources you requested during the course of the program year. Whether it is information on the food bank, employment, raising grandchildren, or child behavior and discipline, we try and find you the information you need.

### **Parent Trainings**

During your time with us, we will have a number of parent training opportunities available. We have some exciting parent training workshops we are offering this year, please look at the Parent Bulletin Board for these upcoming events. Additionally, every month at the parent meetings, staff invites community presenters to talk about their services. At orientation you will be asked by staff to complete the **Parent Meeting Survey**, this is a list of training topics you might be interested in. Staff will tally the most popular request, and offer those trainings during the course of the year. Many agencies have come to share information on health and nutrition, dental education, legal aid, Kindergarten readiness, and many more. Lastly, if we hear of any good trainings going on in the community, we will put a flyer in your box, and or have them posted on the Parent Bulletin board.

### **Parent Involvement**

Our best resource is you, the parents in the program. If there is something you want to share with the program, we would like to hear from you. While volunteering is one of the more common ways parent participate, we are always looking for someone to share their cooking talent with children, paint a classroom, plant a garden, build a planter box, teach a soccer camp, or help in the office. Your volunteering also helps raise In-kind dollars for the program. In-kind is the amount of volunteering needed from the community for Head Start to operate and receive its federal grant.

### **Family Partnership Agreement**

Whatever goals or opportunities you would like to have for your family, we would like to assist with any resources you may need. It's our partnership and commitment to you. When you hear the word, family partnership, that is the time when we will meet with you, to explore any goals you may have for yourself or your family, and together work on a road map.

# PARENT MEETINGS

Monthly meetings are held at a day and time convenient for a majority of the families at each site/cluster. At parent meetings you will:

- ★ Meet other parents.
- ★ Work closely with staff to decide what kind of education and learning experiences your children will receive at Head Start.
- ★ Share ideas.
- ★ Learn about community services.
- ★ Plan future events.

WATCH FOR NOTICES OF MEETING DATES AND TIMES ON THE PARENT BULLETIN BOARD AT YOUR SITE.

**COME JOIN US! IT'S FUN!**

# Policy Council Parent Leaders

## Be an advocate for your child

As an Early Head Start or Head Start parent, you have an opportunity to participate on the Policy Council to make important decisions

## Benefits

- ◆ Be a voice for your child and other families in the program
- ◆ Develop Leadership skills in program planning, operations, and decision-making
- ◆ Learn to run meetings effectively and efficiently
- ◆ Develop career skills

## Responsibilities

- ◆ Develop plans and strategies for serving children and families in the Early Head Start and Head Start programs
- ◆ Work in partnership with the Child Start Board of Directors
- ◆ Approve the Early Head Start and Head Start budgets, funding applications, and the Annual Self-Assessment

## Requirements

- ◆ Be elected in October by parents from your child's classroom.
- ◆ Commit to participate for one year - From October 2011 to October 2012.
- ◆ Attend a Policy Council Orientation in **October** .
- ◆ Commit to attend the Policy Council meetings **once a month.**  
**When:** 2nd Wednesday evening of every month from 6:30 - 8:30 pm  
**Where:** Administrative Office in Napa at 439 Devlin Road
- ◆ Attend monthly Parent Socializations at your site to inform parents about the Policy Council activities and get information from the parents to take back to the Policy Council.
- ◆ Choose to serve on one of the committees including:
  - ◆ Planning and Finance
  - ◆ Personnel
  - ◆ Health Services Advisory Committee
  - ◆ Family Services Advisory Committee

Policy Council Representatives receive mileage and child care

Table 21.1 PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

Screening Requirement <sup>1</sup>	Age of Person Being Screened																
	< 1 mo.	1-2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	2 yr.	3 yr.	4-5 yr.	6-8 yr.	9-12 yr.	13-16 yr.	17-20 yr.	None	
Interval Until Next CHDP Exam	1 mo.	2 mos.	2 mos.	3 mos.	3 mos.	3 mos.	3 mos.	3 mos.	1 yr.	1 yr.	2 yr.	3 yr.	4 yr.	4 yr.	4 yr.	None	
History and Physical Examination <sup>2</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Dental Assessment <sup>2</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Developmental/Behavioral Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Developmental Screening <sup>2</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Public Exam <sup>3</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>Measurements</b>																	
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
BMI Percentile	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure <sup>6</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>Sensory Screening</b>																	
Vision <sup>7</sup> - Visual Acuity Test	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Vision <sup>7</sup> - Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hearing <sup>8</sup> - Audiometric	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hearing <sup>8</sup> - Clinical Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>Procedures/Tests</b>																	
Hematoct or Hemoglobin <sup>9</sup>																	
Blood Lead Risk Assessment/ Anticipatory Guidance <sup>10</sup>																	
Blood Lead Test <sup>10</sup>																	
<b>Anticipatory Guidance</b>																	

1. CHDP intervals are greater than recommended by Bright Futures. Providers may use MNHA for necessary assessments that fall outside of periodicity such as school, sports or camp physical, foster care or out-of-home placement, or follow-up indicated by findings on a prior health assessment; that need monitoring including additional anticipatory guidance, perinatal problems or significant developmental delay.
2. Age appropriate physical examination, including oral examination, is essential with child unclothed, and draped for older child or adolescent.
3. See Dental HAG.
4. Chart indicates ages developmental screening is recommended. For reimbursement information, see CHDP PIN 09-14.
5. Pelvic within 3 years of first sexual intercourse, and at all subsequent health assessments, may be performed as part of MNHA when clinically indicated by symptoms such as pelvic pain, dysuria, dysmenorrhea. See STI HAG.
6. Blood pressure before 3 years for at risk patients; then at each health assessment and when clinically indicated. See Blood Pressure HAG.
7. See Vision screening HAG.
8. See Hearing Assessment HAG.
9. Hb/hct starting at 9-12 months, then annually to age 5, then according to periodicity. See Hb/hct HAG.
10. Test between the ages of 2 and 6 years if no documented lead level at either 24 months. Test at any age when indicated by risk assessment or if lead risk changes. See Lead HAG.
11. Urinalysis only when clinically indicated. See Urinalysis HAG.
12. Tuberculosis risk factor screen at each visit. TST when indicated. See TB HAG.
13. Pap smear within 3 years of first sexual intercourse and subsequently as clinically indicated.
14. STI testing when risk identified by history/physical. See STI HAG.
15. Provide immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).

Note: Children coming under care who have not received all the recommended procedures for an earlier age should be brought up-to-date as appropriate.

Other Laboratory Tests
When health history and/or physical examination warrants: Urine Dipstick or Urinalysis <sup>11</sup> TST <sup>12</sup> - see Tuberculosis HAG Sickle Cell Ova and Parasites FBG and Total Cholesterol Papnicotiau (Pap) Smear <sup>13</sup> VDRL or RPR <sup>14</sup>
Annually if sexually active; more often as clinically indicated: Gonorrhea Test <sup>14</sup> Chlamydia Test <sup>14</sup>
Immunizations <sup>15</sup>

- Key:**
- Required by CHDP one time within the interval given
  - o Recommended by AAP, Bright Futures but not required by CHDP
  - \* Perform when indicated by risk assessment.
  - x Perform if no documented lead level at 24 months

# **HEALTH**

The mission of the Health/ Family Services/ Nutrition Department is to support parents to ensure the health and well-being of their children and their families. Head Start is required to work with parents to ensure that children receive routine, preventive health care. This includes physical and dental exams to prevent, identify, and treat health issues which may be a barrier to the child's learning and school success. Head Start is required to follow the California Child Health and Disability Prevention Program (CHDP) Early Periodic Screening Diagnosis and Treatment (EPSDT) Periodicity Schedule timelines and requirements according to the child's age (table 21.1, page 65 & table 21.2 on page 64).

## **Health Education Opportunities**

**Health education opportunities for parents and children** are provided throughout the program year.

Books, puzzles, and dramatic play items, are in all classrooms to expose children to health concepts. Hand washing and tooth brushing are daily routine health practices. Children receive health information on many topics, such as fire and earthquake safety, water and pedestrian safety, illness prevention practices, poison prevention, and nutrition, etc. The children receive visits from health professionals and the "Tooth Fairy" visits classrooms at least once a year, to emphasize dental health.

Parents receive health information during parent gatherings, at health fairs, at Head Start events, by attending conferences, through scheduled visits with their dentist/doctor, and by one-on-one consultation with the PHN Consultant and/or Nutrition Specialist. The Community Advocate/Family Services Partner surveys parents to identify their interests and provide information and link parents to resources in the community.

## **Well Child Exams**

Parents are encouraged to keep their child on an annual schedule of well child visits for physical and dental exams. The Site Supervisor/ Community Advocate/ Home Base Teacher/ Family Services Partner is available to explain the exam and screening requirements, depending on the age of the child. If parents do not have health/dental insurance or a doctor/dentist, the Site Supervisor/ Community Advocate/ Home Base Teacher/ Family Services Partner are available to assist parents to access insurance and health care providers.

**Table 21.2 PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE**

Age (Years)	1*	2*	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>Interval to Next Referral</b>	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr
<b>Annual Dental Referral</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Children of any age **must** be referred to a dentist if a problem is detected or suspected. For children covered by Medi-Cal or temporary Medi-Cal, call Denti-Cal at 1-800-322-6384 or the local CHDP program for assistance in finding a dentist. All others may contact the local CHDP program for help.

\* A dental screening/oral assessment is required as part of every CHDP health assessment regardless of age. It is recommended that children be referred to a dentist annually beginning at one (1) year of age. It is mandatory to refer children directly to a dentist annually beginning at three (3) years of age.

**Reference:** California Code of Regulations, Title 27, Subchapter 13, CHDP, Section 6843 Code of Federal Regulations, Title 42, Section 440.40 (b), Part 441, Subpart B. CHDP Program Letter, 04-13.

# **HEALTH**

## **DIAPERING**

The following procedures are used when diapering children:

1. Diapering is done in a designated area by assigned teaching staff.
2. Staff washes their hands prior to starting the diapering process, and then wear disposable gloves.
3. The quantity of wipes that will be needed are removed from the container prior to placing the child on the diapering surface. Only items that will be completely used and discarded during diapering are placed on the diapering surface.
4. Place the child on the diapering surface. NEVER LEAVE CHILDREN UNATTENDED. After making contact with the soiled diaper, if there is a need to touch anything other than the diapered child, remove the gloves, wash hands, and put on a fresh pair of gloves. Seek assistance from another staff member to ensure the child's safety if necessary.
5. Clean the child's bottom with a moist disposable wipe, wiping front to back, only once per wipe, then discard the soiled wipe(s) in a plastic lined receptacle or plastic bag.
6. Place the soiled diaper in the proper receptacle. Fold disposable diaper inward, reseal with tapes, and place the disposable diaper in a plastic lined trashcan with a lid. Place un-rinsed cloth diapers in a securely tied plastic bag and then into a larger, labeled plastic bag to be sent home with the child.
7. Remove and discard gloves in a plastic lined trashcan with a lid. With the thumb and finger of one hand, pinch the glove at the wrist on the other hand and peel it off inside out. Discard. Repeat for other hand. Use a clean wipe to clean hands after glove removal.
8. Place the clean diaper on the child.
9. Clean the child's hands with a clean wipe.
10. Remove any visible solid from the diapering surface with soap and water and then sanitize the surface with a germicide.
11. Wash hands thoroughly.

# HEALTH

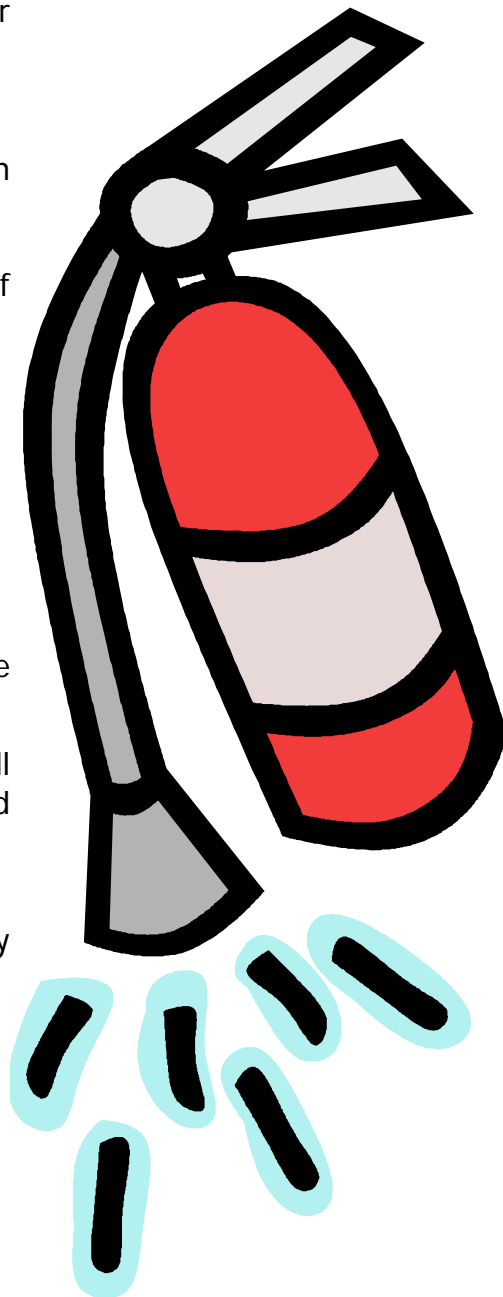
## Earthquake and Fire Preparedness

### Teacher's Role

- Be knowledgeable about drill procedures and assigned tasks as posted.
- Check classrooms for hazards.
- Conduct classroom fire drills every month.
- Conduct classroom earthquake drills every other month.
- Teach children proper drop and cover position.
- Guide children to the safest location for protection in an emergency.
- Ensure children are safe and protected in the event of an emergency.

### In Case of an Earthquake or Fire

- One teacher will account for and stay with all of the children.
- A second teacher will check for the safest evacuation route and address the safety of all utilities and the building.
- The class will stay at the site, if possible, until all children have been released to a parent or authorized person.
- Teachers will only release children to a parent or authorized person listed on the child's Emergency Information form.
- Teachers will relocate their class, if necessary, per Office of Emergency Services (OES) guidance. A notice will be left at the center as to where the class has relocated.



# HEALTH

## Earthquake and Fire Preparedness

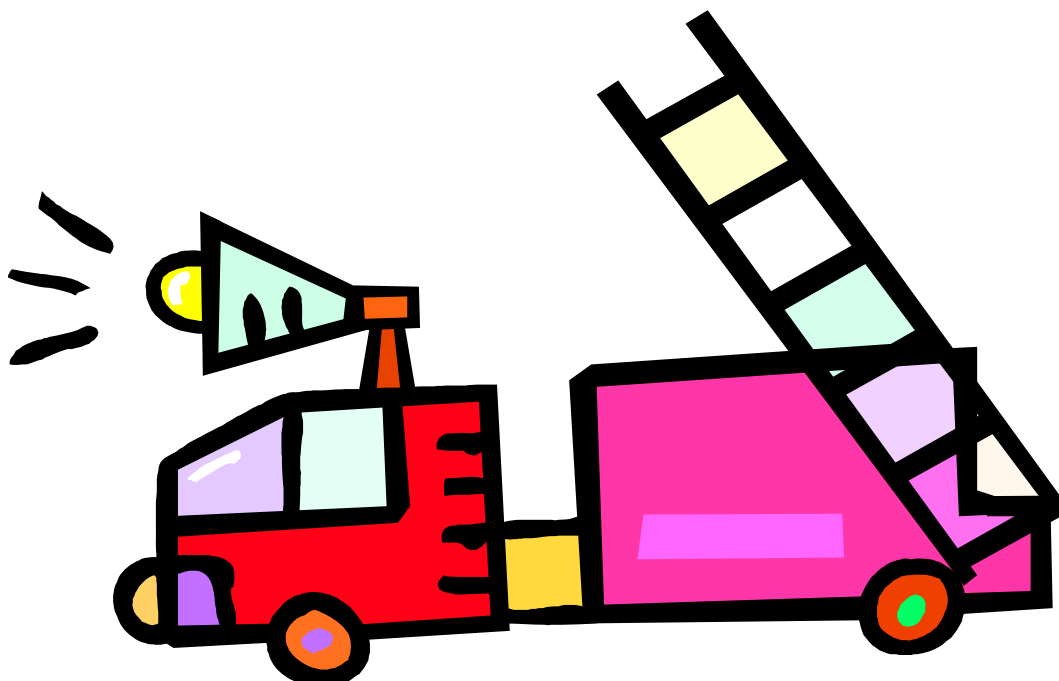
### Parent's Role

- Establish a family emergency plan.
- **Emergency Information Form (ER41) for children should be updated whenever contact information or names changes.**

### In case of an Earthquake or Fire

- Keep yourself and family safe; drop and cover or leave the building, if safe to do so.
- Avoid danger and keep communication lines free. Do not try to call or drive immediately to the center. Children will be at the center if it is safe, until they have all been picked up by an authorized person. See previous page for relocation information.
- Tune to radio stations as follows:

City	Call Sign	Frequency	Phone Number
Napa & St. Helena	KVON	1440 AM	252-1440
	KVYN	99.3 FM	252-1440
Fairfield/Vacaville & Dixon	KUIC	95.3 FM	446-0200
Vallejo/Benicia	KDYA	1190 AM	644-8944



## **MENTAL HEALTH**

Mental Health is an important part of overall health. Chronic stress and tension can increase the risk of heart disease, high blood pressure, and depression. One of the primary objectives of Child Start is to promote healthy relationship building within a child's family and community. Children with those healthy relationships have the confidence and self esteem to explore and learn in their surroundings and to form positive healthy relationships. Child Start works closely with other community agencies to provide services that might be needed to assist an individual child or their family.

If you believe that you or a family member might benefit from some of these services, please don't hesitate to speak with a Child Start staff member. They will assist you in identifying services that best meet the unique needs of your family. All referrals to outside agencies are confidential.

## **Let's Prevent Violence**

The Child Start staff offer an environment that promotes cooperation, friendship, and a sense of responsibility for children and their families.

We acknowledge that it takes a lot of energy and commitment to raise young children. It is our hope to partner with care givers in ways that enable children to become caring individuals who are empowered throughout the course of their lives by their ability to solve problems in a positive manner.

In order to achieve the goal of raising socially competent children, we offer many activities. The *Second Step* curriculum is one of the learning opportunities available in Head Start classrooms. Through the implementation of the *Second Step* curriculum, children learn how to:

- Identify and express feelings and develop a better understanding of others
- Create cooperative solutions to everyday problems
- Manage anger in ways that will not hurt others

## **Second Step Curriculum**

*Second Step* is a curriculum kit introduced in the Head Start classroom that is designed to reduce impulsive and aggressive behavior in children and increase their level of social skills and competencies. It develops children's skills in four main areas: feeling identification, empathy, impulse control, and anger management. Youngsters who develop these skills are less likely to engage in activities that put them at risk for violence, substance abuse, school dropout, and other dangerous behaviors.

Research shows that children who have had the opportunity to participate in Second Step lessons are more likely to be successful in their schooling, careers, and personal relationships.

## NUTRITION

Head Start is committed to the goal of providing nutritious, well-balanced meals and snacks to ensure that each child can grow and learn to his or her potential. Meals and snacks are planned to provide important nutrients and calories for young children. Breakfast, lunch, and snacks are provided at Head Start, and the meals your child receives will vary depending on the session he/she attends. Full Day/ Full Year programs receive breakfast, lunch, and snack. Part Day A.M. sessions receive breakfast and snack and P.M. sessions receive lunch and snack. Home Base programs receive a snack at their group socializations. You will receive a menu each month to let you know what your child will be offered each day. The menu is a useful tool to begin conversations about the meals and foods your child experiences on a daily basis.

Family-style Meal Service is a significant part of each day's activities. Please plan for your child to eat at the center each day he/ she attends. Children sit together in groups of six to eight with an adult present at each table. Children serve themselves in order to learn proper mealtime behaviors. Mealtimes often include discussions about nutrition principles, colors, shapes, textures, cultural preferences, or the day's activities. In addition to these topics, teachers incorporate math, science, social studies and literacy into discussions about food and meals. While the children are doing food activities, a child may be encouraged to count how many banana slices are in his/her dish or to talk about the differences between cooked and raw carrots.

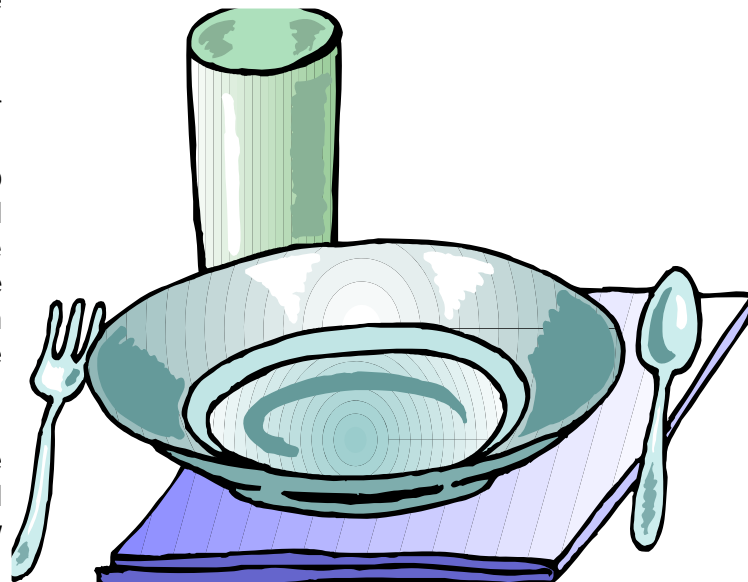
Parents are encouraged to join their child's class at mealtime or socialization. Please be sure to follow Family Style Meal Service guidelines and allow the children to serve themselves. Mealtimes provide many experiences for the children.

In Early Head Start, parents are encouraged to discuss breastfeeding with their doctor during pregnancy and consider breastfeeding as an option for the child's first year. Breastfeeding is supported during group socializations. Center based programs also offer a private area for mother's to breastfeed or pump their milk as necessary.

Center Base infants are bottle fed on demand and always held during feedings. Infants are introduced to new foods based on the American Academy of Pediatrics recommendations for introduction of solid foods in conjunction with the feeding recommendations of the parent.

The teaching staff plans nutrition lessons on a regular basis that include cooking experiences for the children, learning about how food is grown and how it gets to consumers, sanitary food preparation practices, and Family Style Meal Service. Parents also receive nutrition information and education opportunities are provided to reinforce healthy eating habits the children learn in the classroom and improve the health of the entire family.

An assessment is completed for each child to evaluate nutritional status, growth, risk of anemia, food allergies, dental health, and any special dietary requirements. Reasonable modifications and substitutions can be accommodated for children with special dietary needs.



# **NUTRITION**

## **BOTTLE FEEDING**

Formula provided by the program must be stored and prepared according to label directions. Ready to feed formula is commonly supplied by the program. Formula container lids/caps must be washed before opening. Opened containers of formula are to be labeled with the date, time opened, and then refrigerated and used within 48 hours of opening. All bottles used to feed infants must be unbreakable. Microwave ovens are not to be used to warm bottles or heat food for infants. For infants who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before the feeding. A bottle-warming unit, such as a crock-pot may also be used. The temperature of the water must not exceed 120°F and must be emptied, sanitized, and refilled with fresh water daily. A bottle should not be left in the unit for more than five minutes and staff should not hold an infant while removing a bottle from a warming unit. After warming, bottles should be mixed gently and the contents tested before feeding.

### **Purchase and Replacement of Infant Bottles**

Only non-polycarbonate baby bottles and sippy cups will be purchased for use. All bottles purchased must have a 1, 2, 4, or 5 in the triangle at the bottom of the bottle. Silicon bottle nipples will be used. All bottles must be replaced at least every 6 months in July and January. They must also be replaced anytime they appear scratched or discolored.

### **Feeding**

Bottle fed infants must be fed "on demand" at least once every four hours. Staff utilizes infant hunger cues to know when feeding is appropriate for individual infants. The same "on demand" feeding schedule applies to infants who are fed breast milk from a bottle. Infants must be held by a staff person or other adult for any bottle feedings. Bottles must never be propped for infant feeding. Older infants are not to be allowed to carry and drink from a bottle while walking.

### **Sanitation of Bottles**

Bottles (all components) must be washed and sanitized in the dishwasher. Bottles (all components) can also be sanitized by boiling for 1-2 minutes and air-dried. Bottles and nipples used by one infant must not be shared with or used by another infant unless properly cleaned and sanitized/sterilized. Infants must not be bathed, and diapers and clothing must not be rinsed, in food preparation areas.

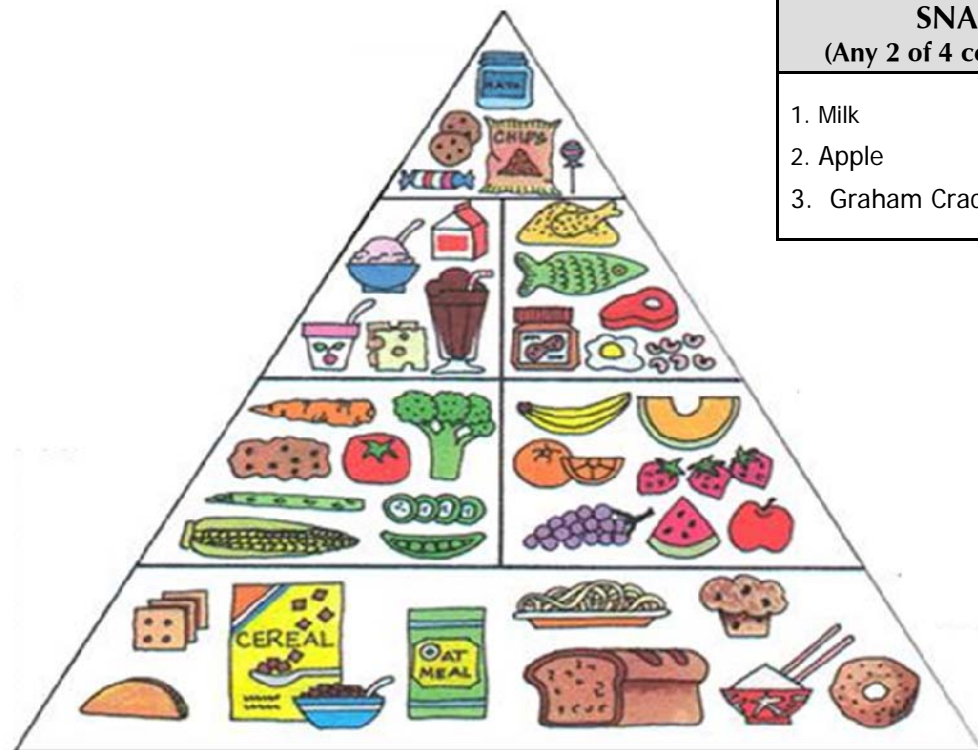
# Meal Pattern Requirements

## 1-2 Years

BREAKFAST	SERVING SIZE
1. Low Fat Milk	1/2 cup
2. Watermelon	1/4 cup
3. Whole Wheat Toast/ Cream Cheese	1/2 serving
LUNCH	SERVING SIZE
1. Grilled Cheese	1/2 cup
2. Cucumber Sticks	1/8 cup
3. Cantaloupe	1/8 cup
4. Whole Wheat Bread	1/2 serving
SNACK (Any 2 of 4 components)	SERVING SIZE
1. Milk	1/2 cup
2. Jicama Strips	1/2 cup
3. Peach Yogurt	1/2 serving

## 3-5 Years

BREAKFAST	SERVING SIZE
1. Low Fat Milk	3/4 cup
2. Banana Slices	1/2 cup
3. Cheerios	1/2 serving
LUNCH	SERVING SIZE
1. Low Fat Milk	3/4 cup
2. Broccoli	1/4 cup
3. Orange	1/4 cup
4. Wheat Bread	1/2 serving
5. Chicken Patty	1/2 serving
SNACK (Any 2 of 4 components)	SERVING SIZE
1. Milk	1/2 cup
2. Apple	1/2 cup
3. Graham Crackers	1/2 cup



## **NUTRITION**

### **CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

Child Start receives reimbursement from the child nutrition program offered by the United States Department of Agriculture (USDA). Head Start children are automatically eligible for free meals at the centers through the Child and Adult Care Food Program (CACFP).

The CACFP is available without charge to all children enrolled in the Early Head Start and Head Start programs regardless of race, color, national origin, gender, religion, age, disability, or political beliefs. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). If you believe that you or your child have been discriminated against in any USDA related activity, you should write immediately to:

USDA, Director, Office of Civil Rights, Room 326-W  
Whitten Building, 14<sup>th</sup> and Independence Avenue, SW  
Washington, D. C., 20250-9410.

USDA is an equal opportunity provider and employer.

The Complaint Coordinator with the California Department of Education, Child Nutrition and Food Distribution Division, may be contacted regarding program complaints or assist in the determination as to whether a complaint involves discrimination. The contact number is (916) 322-8316 or toll free (800) 952-5609.

### **Food Safety Policy**

Home prepared food may not be served at Head Start centers, in the classroom, or at program sponsored functions. When foods are brought from home, we do not have any way of monitoring preparation, appropriate storage, or refrigeration. Pre-packaged, store bought foods may be brought to class for cooking experiences. Please discuss your ideas for nutrition projects and favorite recipes you would like to prepare in the classroom with your child's teacher.

Leftover foods from classroom meals may not be sent home with families. We are very concerned about food safety and want to avoid food poisoning that can occur when foods are not stored at the proper temperature for a long period of time.



