



**Child Start**  
incorporated

CHILD AND FAMILY SERVICES

# **FAMILY HANDBOOK**

## **2024-2025**

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## **INTRODUCTION**

The purpose of this handbook is to provide parents, guardians, and families with information regarding the services, policies, procedures and regulations of our agency and the Head Start and Early Head Start programs.

Please keep this guide in a convenient, safe place so you can refer to it throughout the program year. After reviewing this information, if you have any questions or concerns, please speak with your Center Director, Family Advocate/Family Services Social Worker, Home Visitor, or your child's teacher.

The information contained in this handbook may be modified by changes in federal, state or local regulations including CDC guidelines.

## **ABOUT CHILD START INC.**

Child Start, Inc. (Child Start) is a non-profit organization that various preschool and early learning programs throughout Napa and Solano Counties, including Early Head Start, Head Start, Early Head Start-Child Care Partnership, and the California Department of Health and Social Services.

These programs provide comprehensive services to over 800 children ages 0-5 and pregnant women and their families through Part Day/Part Year and Full Day/Full Year child development centers, partnerships with licensed child care centers and family child care homes, CCTR, and the Home Base program which includes home visits and socializations.

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

## **OUR VISION, MISSION, AND VALUES**



**Vision:** Inspiring and uplifting our communities to achieve a brighter future

**Mission:** Child Start supports the education, 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.

Values Statements:

- We are committed to a culture of inclusivity, equity, diversity, and belonging.
- We promote children's sense of self-worth and belonging
- We establish strength-based partnerships with all families
- We are community leaders in collaboration to achieve high standards of quality
- We treat each other and others with respect
- We focus on improvement: self, team, agency and community
- We create an atmosphere that promotes fun, humor and relationships
- We are accountable
- We foster a safe place to admit mistakes and ask for clarity

## **HOW SERVICES ARE PROVIDED**

Several types of program options are offered through which families are provided comprehensive child development services.

### **EARLY HEAD START**

<b>Option</b>	<b>Classroom Type</b>	<b>Ages Served</b>	<b>County</b>
<b>Home Base</b>	Infant/Toddler	Pregnant Women Children 0 – 3 years	Napa Solano
<b>Center FDY</b>	Toddlers	Children 0 – 3 years	Napa Solano
<b>Childcare Center Partnership</b>	Infant/Toddler	Children 0 – 36 months	Napa Solano
<b>Family Childcare Home Partnership</b>	Infant/Toddler	Children 0 - 47 months	Napa Solano
<b>General Child Care (CCTR)</b>	Infant/Toddler	Children 0 - 36 months	Napa Solano

### **HEAD START**

<b>Option</b>	<b>Classroom</b>	<b>Ages Served</b>	<b>County</b>
<b>Center Duration</b>	Preschool	Children 3 – 5 yrs.	Napa Solano
<b>Center Full Day Full Year</b>	Preschool	Children 3 – 5 yrs.	Napa Solano
<b>Childcare Center Partnership</b>	Preschool	Children 3 – 5 yrs.	Napa Solano
<b>Family Child Care Home Partnerships</b>	Preschool	Children 3 – 5 yrs.	Napa Solano
<b>State Pre-School Partnership (CSPP)</b>	Preschool	Children 3 – 5 yrs.	Napa Solano

## **PROGRAM OPTIONS**

### **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. Socializations are provided twice a month to provide opportunities for families to interact with others.

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

A center-based program that is focused on providing high quality services to children, 0 – 3 years, in a secure and nurturing environment that promotes physical, social, emotional, cognitive, and language development. Services are offered Monday through Thursday year around.

### **General Child Care and Development (CCTR)**

A center-based program that is focused on providing high quality services to children, ages 0-3 in partnership with local state childcare programs. These partnerships offer services that are designed to meet the needs of working families and/or going to school.

### ***Early Head Start - Child Care Partnerships Full Day/Full Year***

A partnership with licensed childcare centers and family childcare homes that is focused on providing high quality services to children, birth to 36 months in childcare centers, and birth to 47 months in family childcare homes, in a secure and nurturing environment that promotes physical, social, emotional, cognitive, and language development of infants and toddlers.

### **Head Start Full Day/Part Year (Duration)**

A center-based program that operates between Monday through Thursday for up to 7.50 hours per day serving children 3-5 years of age. 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 engagement in their child's education plan, to share suggestions for home activities, and to support each family's interests, goals, and needs.

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

A center-based program that operates Monday through Thursday for a minimum of 30 hours a week to meet the needs of working families or enrolled in school or a training program. 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 the 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.

### **State Pre-School Partnerships (CSPP)**

A center-based program that is focused on providing high quality services to children, ages 3 - 4 in partnership with local state pre-school programs. Some of these partnerships offer services that are designed to meet the needs of working families and/or going to school.

# PROGRAM PHILOSOPHY, GOALS AND OBJECTIVES

## School Readiness Goals

Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. Child Start’s school readiness goals identify what we are working toward to get children ready for school, in all areas of development: physical development and health, social and emotional development, language and literacy development, cognition and general knowledge and approaches to learning.



### School Readiness Goals 2024-2025

SR Goal	Central Domain	Objective	DRDP-2015 Indicators
Children will develop skills to support interacting with others	Social and Emotional Development	Children will begin to develop personal relationships with peers	SED 4
		Children will begin to develop and demonstrate control over some of their feelings and behaviors (self-regulation)	ATL-REG-5
foundations for communication skills	Language and Literacy	Children will communicate their needs and ideas using expressive language	LLD3
		Children will show interest in books, songs, rhymes, stories, and other literacy activities in increasingly complex ways	LLD5
		Children will begin to learn and demonstrate how letters and words work	LLD9 (Preschool only)
		Children will begin to understand sounds are an important part of language	LLD8 (Preschool Only)
		Dual language learners will demonstrate fluency in understanding English	ELD1 (Preschool only)
Children will be engaged and participate in learning experiences	Approaches to Learning	Children will demonstrate interest and curiosity with activities and materials	ATL-REG 4
		Children will persist in understanding and mastering activities	ATL-REG 6 (Preschool only)
Children will increase their understanding of early math and science concepts	Cognition	Children will learn and begin to use math concepts during routines and experiences	COG 3
		Children shows an increase knowledge of shapes and their characteristics	COG 7 (Preschool only)
Children will develop their motor skills to support learning	Perceptual, Motor, and Physical Development	Children will develop control of large motor skills	PD-HLTH 3
		Children will develop control of small muscles for manipulation and exploration	PD-HLTH 4
Children will develop habits that are healthy and safe		Children will learn and begin to demonstrate healthy and safe habits	PD-HLTH 5

June 2024

## **Desired Results Developmental Profile (DRDP)**

Learning Genie Child Reports are completed three times per year, to support sharing information with the family about their child's developmental progress and to establish and/or to update on School Readiness Goals

- Children are assessed within 60 days of enrollment and twice a year thereafter.
- Parent/guardian input is a necessary component of this assessment.
- The assessment is also used to plan and conduct developmental activities that are age appropriate for the children.

## **Community Engagement**

One of the strengths for CSI is that we utilize existing resources and partnerships to create a child and family development program that is truly responsive to the needs that many families who utilize subsidized care require. Using federal Head Start funding to wrap around the state funding will allow Child Start to provide the high-quality early childhood development program that the state funding supports and provide for comprehensive family engagement services and parent training opportunities that are a hallmark of Head Start services and program design.

## **Education Program**

Child Start is committed to providing the highest-quality services to children and families. The program's vision for education services is that the children who transition out of the Head Start and CA State Preschool Program are fully prepared to succeed in school, thus the "achievement gap" will not exist for Child Start's children and families. To achieve this vision, Child Start has chosen an educational approach, curricula, and teaching strategies that help children reach these desired outcomes.

The Creative Curriculum® is a comprehensive, research-based curriculum that helps teachers understand developmentally appropriate practices and how to create daily routines and meaningful experiences that respond to children's strengths, interests, and needs within the context of warm and nurturing relationships. The curriculum is based on a solid foundation of scientifically valid research and theory about the development and learning of young children and incorporates 38 objectives for development and learning that include predictors of school success.

Child Start focuses on promoting self and social development in all aspects of a center-based classroom. Teachers are provided guidance on how to support children's social-emotional competence during daily routines utilizing the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) program. Teachers can foster positive relationships in the classroom, by learning how to support children in cultivating friendships. Teachers promote self-regulation by establishing classroom rules with children, coaching pro-social skills and setting developmentally appropriate limits consistently. CSI teachers facilitate problem-solving skills among children, to help children manage conflict independently. Finally, teachers create a classroom community that nurtures social competence by helping children understand how to treat others.

Instruction is designed to develop children's abilities to follow routines, work in a cooperative environment, follow health and safety rules, and successfully function in individual, small group, and large group settings. The standards for the child development and education program

component shall include, but are not limited to, the following:

- The program approach is developmentally, linguistically, and culturally appropriate
- The program is inclusive of children with special needs
- The program encourages respect for the feelings and rights of others
- The program supports children's social and emotional development, by building trust, planning routines and transitions so they can occur in a timely, predictable, and unhurried manner.
- The program helps children develop emotional security and facility in social relationships.
- The program provides for the development of each child's cognitive and language skills by using various strategies, including experimentation, inquiry, observation, play, exploration, opportunities for creative self-expression through activities.
- The program promotes each child's physical development by promoting sufficient time, indoor and outdoor space, equipment, materials, and guidelines for active play and movement.
- The program develops and maintains practices that are healthy and safe.

### **Early Childhood Environmental Rating Scale (ERS)**

All programs (Head Start, EHS-Center Base, EHS-CCP) are required to assess their classroom using the Environmental Rating Scale (ECERs/ITERs/FCCERs) tool at least once each school year. The goal is that each classroom is designed to meet State requirements. The objective is for each sub-scale to receive at a minimum 5 out of 7 score. The information obtained from this assessment is then used to help teachers design and purchase materials each school year to enhance their classroom environments and is also used as a guide for assessments. This tool and classroom scores are available for parents to review.

### **Health & Social Services**

Upon enrollment, parents will be given the SNIP survey to identify the family strengths, needs and interests. The Family Advocate, Home Visitor or CCP Coach will review the information with each family and assist them in accessing referrals and services that the family may need. The Family Advocate, Home Visitor or CCP Coach will work with parents to develop goals for themselves and their children and provide resources and referrals for families who are identified as having needs.

The following are examples of the types of health and social services offered to families:

#### **Health**

- Health Screenings: medical, dental, height, weight, vision, hearing
- Heights and weights twice a year
- Follow-up referrals for medical and dental treatment
- Immunization reminders



## **Mental Health**

- Case management of individual children and families
- On-site observations of children and staff
- Modeling of appropriate child/staff interactions
- Training or assistance of effective practices for addressing presenting problems or related topics for staff and/or families
- Assistance in identifying need for referrals to more individualized services for children and families

## **Transportation Safety**

- Pedestrian training for parents and children includes safe riding practices, safety procedures for boarding and leaving the vehicle, crossing the street safely for pedestrians.

## **Family Partnership Agreement**

- Staff assists parents in developing family goals, and with planning to successfully complete goals.
- Follow-up contacts are made throughout the year by Family Advocates, Home Visitors and CCP Coaches.
- Parent workshops are offered throughout the year and are based upon parent input and parent interests.

## **Screenings: Developmental (ASQ-3) and Behavioral (ASQ:SE)**

- Developmental and Behavioral screenings are completed for each child within 45 days of the start of school, utilizing the ASQ-3 and ASQ:SE screeners and results are shared with families after completion of screening.
- We provide referral (Early Intervention, School Districts, Community Providers) assistance for families, and multi-disciplinary team case management with specialists, staff and content experts as needed.

## **Nutrition**

Trio Community Meals is the food vendor Child Start uses to provide meals for all Child Start classrooms. Child Start's Health/Nutrition Specialist along with Trio Community Meals' Registered Dietician approves all menus to ensure compliance with Head Start Program Performance Standards (HSPPS) and CACFP regulations. To expand children's food experiences and to include cultural diversity, the nutrition services staff works with Trio Community Meals to offer a variety of foods.

Children are offered all food items and taught to serve themselves as part of Family Style Meal Service. Staff encourage children to eat all food offered, but if a child chooses not to eat a certain food, they are never forced to eat it.

We provide:

- Balanced meals and snacks to all the children in our program. (Breakfast, lunch, snack)
- Nutrition screenings: Children identified to have nutritional concerns are referred to the Health/Nutrition Specialist for further evaluation.
- Menus are posted in each classroom.

- Workshops on nutrition education.

Due to CACFP regulations, food served at the centers:

- Cannot be taken outside of the classroom (with a few exceptions).
- Cannot be offered to children who are not enrolled in our program.

In accordance with Federal law and U.S. Department of Agriculture policy, Child Start is prohibited from discriminating based on race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write to USDA Director, Office of Civil Rights, Room 326-W, Written Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

### **Parent Engagement and Education**

Parent participation is essential to the successful operation of each program. The following are examples of ways parents can be involved:

#### **Parent Partnership**

- Share with teachers any circumstances that may cause the child to be upset at school.
- Work with your Family Advocate, Home Visitor or CCP Coach to create goals for you and your family.

#### **Classroom Participation**

- Attend parent workshops
- Participate in the *Triple P* Positive Parenting Program
- Share ideas and concerns with the teacher
- Provide input regarding children's goals and program enhancement
- Share special interests with class (songs, stories)
- Participate in Positive Solution for families' workshops
- The Learning Genie Family Engagement App helps families to communicate with their child's teacher in a two-way messaging format. Families will be able to receive and send information to their child's teacher, access curriculum, daily activities and reports shared by the teachers.

#### **Parent Committee Meetings and Leadership**

- Attend quarterly parent meetings
- Work on sub-committees
- Discuss successes and concerns
- Evaluate the program
- Facilitate the Parent Committee Meetings and help develop quarterly agendas

#### **Policy Council**

- Attend monthly Policy Council meetings and leadership trainings
- Serve on an advisory committee: planning & finance, education, health/nutrition, family services, personnel

- Participate in decision making at the agency level for Head Start

### **At-Home Activities**

- Complete at-home activities that promote your child's individual learning goals
- Read daily to your child
- Establish daily routines
- Help bridge the word gap by regularly singing and talking to your child
- Substitute screen time with interactive family activities

### **Parent Conferences and Home Visits**

Parent Conferences occur throughout the school year. The Head Start program requires that teachers conduct a minimum of two (2) parent conferences and two (2) home visits per program year to discuss children's developmental level, assessments, goals, etc.

### **Learning Genie Family Engagement**

Learning Genie parent app helps parents to stay involved in their child's early learning. By signing Learning Genie parents receive instant updates on their child's day at school, including pictures/videos, books, songs, school reminders and daily routines. By onboarding Learning Genie, parents will never miss a moment of their child's daily routine at school.

### **Program Self-Evaluation Process**

Child Start complies with the regulations requiring the department to conduct a yearly Self-Assessment of its programs. During this process, we identify areas of compliance and non-compliance, and we work together as a team to develop a written plan that will allow correction of the items found to be out of compliance. Head Start monitoring protocols are used as well as the CDE Desired Results Self Evaluation Systems. For the Program Summary Improvement, we review the Desired Results Developmental Profile (DRDP), Environmental Rating Scales (ERS), and the Compliance Monitor Report (CMR). Parents are welcome to participate in this process.

### **Staff Development**

Child Start hires qualified staff to be part of our team. Staff members hold the appropriate credentials or permits required by the State of California.

## **ELIGIBILITY CRITERIA**

Child Start has a formal process to define, approve and implement a set of selection criteria to ensure that we are providing (Early) Head Start services to children and families most in need. The program gives priority to applicants who are income or categorically eligible, including at risk, public assistance, homeless, foster or kinship care families.

Child Start ensures that no more than 35% of participants whose income falls between 101% and 130% of Federal Poverty Guidelines and no more than 10% whose income exceed 130% of Federal Poverty Guidelines will be served. In addition, at least 10% of slots will be made available to children with disabilities.

Child Start serves pregnant women and children ages 0-3 in the Early Head Start program. All enrolled EHS families remain eligible for services until they age out. To be eligible for Head Start, a child must be at least three years of age and developmentally ready to transition to a Head Start classroom. Head Start children may continue to be served in a Head Start classroom until kindergarten is available. Children who are still age-eligible are considered as a re-enrollee the following year in both HS and EHS.

Additional priority and eligibility considerations include:

1. Family is receiving a California State Childcare Subsidy.
2. Family has been referred to Child Start by a community partner. At some sites, for example the Therapeutic Child Care Center, families participating in specific Health and Human Services programs receive higher priority.
3. Family has a child who is at risk of abuse, neglect, or exploitation, or receiving child protective services through the county welfare department.
4. Family has parents that are incapacitated and unable to provide care.
5. Family lives in a resident neighborhood that currently has a partnership with Child Start (i.e., Mayacamas, Vineyard Crossing, Sereno Village or Sunset Creek).
6. Family is enrolled in a licensed childcare center, or family child care home that is currently part of the Early Head Start – Child Care Partnership program; or the family is enrolled in a partnering California State Preschool program (i.e., Solano College, Napa County Office of Education, etc.)

### **Child Care Certificates**

A referring Health and Human Services (HHS) program has authorized your child's eligibility for childcare reimbursement/subsidy either through Community Resources for Children, Napa County HHS, Solano County HSS, or Solano Family Children's Services. There are additional attendance requirements for your child's continued eligibility for childcare reimbursement. The Center Director, Family Advocate or other Family Services staff will assist parents in their ability to maintain eligibility.

## **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 Pre-Enrollment Health & Family History or Prenatal Health 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 a Tuberculosis Test must be in the child's file within 30 days. 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 time- lines, the child must be excluded from participation until documentation is provided. As necessary, the Center Director, Family Advocate, Home Visitor, or o t h e r Family Services staff 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 the top of the Priority Placement Waitlist. Possible reasons for not considering a child might include:

- Family is missing income verification
- Family is missing birthday 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 Center Director, Family Advocate, Home Visitor, or other Family Services staff of the pending change to their enrollment status.

## **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  
1450 Neotomas Ave., Suite 100, MS 29-11 Santa Rosa, CA 95405  
(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***

## **CODE OF CONDUCT**

The purpose of this Parent Code of Conduct is to provide a mutual understanding to all parents/guardians with children enrolled in our programs about conduct expectations while on school property.

### **When interacting with our Child Start staff and/or other parents or guardians:**

- Treat everyone with respect, courtesy, and patience.
- Model how we want our children to act and behave around others.
- Respect the cultures and practices of others.

### **Under no circumstances will the following behaviors be tolerated from parents or guardians, or persons who are designated to drop off and pick-up their child(ren) at the center:**

- Swearing and/or yelling at any Child Start staff, children and other parents or guardians in person or on the phone.
- Physical or verbal corporal punishment on school premises – this includes the parking lot.
- Physical fighting, arguing, threatening, or yelling toward Child Start staff, children or other parents or guardians.
- Using insults, criticisms, name-calling, bullying and/or harassment of any kind.
- Not abiding by or being argumentative about all Child Start policies.

### **If we observe the behaviors listed above, Child Start staff will take the following actions as needed:**

1. Ask the parent/guardian to stop and attempt to de-escalate the behavior and/or situation.
2. If the parent/guardian does not stop, Child Start staff will ask the parent/guardian to leave the premises.
3. If parents/guardians don't leave and continue to act in a disrespectful, threatening, or violent manner toward anyone, the center director, lead teacher, or a Child Start staff person will call 9-1-1. Further, Child Start services will be temporarily paused and/or terminated pending an investigation.

## **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, healthy, 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  
1450 Neotomas Ave., Suite 100, MS 29-11 Santa Rosa, CA 95405  
(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**

Child Start respects each family's right to privacy and confidentiality. All information collected and maintained by Child Start's Head Start and Early Head Start programs is strictly confidential. 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 PII Disclosure Authorization form (AD12b) and the Authorization to Request Information form (AD14).

The Parent/Guardian has the right to determine which records will be shared with consent. The parent has the right to revoke written consent. After signing the authorization form(s), the parent has the right to revoke and/or limit sharing and releasing information.

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 their child's records, including confidential files.

## **What We Collect**

When enrolling your child in our programs, Child Start collects the following information from the Parent/Guardian:

- Address, phone numbers and email addresses for member and family
- Household family configuration and income
- Member date of birth, race, and gender
- Member allergies, medical conditions, and special needs
- Emergency contact information
- Consent forms
- Health insurance information
- Languages spoken in the home

## **Once the child is participating in our program, Child Start collects the following types of information:**

- Records that a child has participated in the program
- Assessment and screening data for the child enrolled in the program (i.e., ASQ's, DRDP, health screenings and records including immunization records.)
- Family partnership agreements
- Parent-teacher conferences recording child's academic progress
- If applicable, documentation on behavioral or developmental referrals and evaluations.

## **How We Use Collected Information**

Child Start collects this information to ensure that we are meeting all federal and state requirements and for planning purposes.

Start is required to share limited information with federal and state entities to comply with Head Start requirements and to receive funding from the Department of Health and Human Services. Data is shared anonymously and in aggregate with other governmental and institutional funders to secure additional funding and/or demonstrate compliance with Head Start regulations. Information that may be shared includes:

- Child Assessment Progress and Results
- Child and Family Demographic Information
- Number of Health and Dental Health Screening
- Family Outcomes Results

## **Child Start will release information during the following circumstances:**

- With contracted consultants who work with a child and/or family. Consultants are subject to confidentiality laws when they are contracted to work with the child and/or family.
- During audits conducted by federal and/or state entities, only in connection with auditing the program policies and procedures and for compliance purposes only.
- If during a disaster, health, or safety emergency a serious health and/or safety risk arises for the child, information to protect the health and safety of the child and/or other persons may be shared.

- If the child's safety and wellbeing is threatened, Child Start may share information to address suspected or know child maltreatment.
- A court order or lawfully ordered subpoena is issued to Child Start.

Data shared with federal, state, and local entities will never include any personal identifiable information about participants or their family members. Child Start does not share, trade, or sell information with any other organization or company without obtaining prior consent. All information collected and maintained by Child Start is strictly confidential. Records that identify personal and confidential information regarding either the child and/or family will not be shared without written consent.

## POSITIVE DISCIPLINE AND GUIDANCE POLICY FOR CHILDREN

Child Start uses a positive approach to discipline and guidance that emphasizes respect for each child; developmentally appropriate expectations of children's behavior; and the use of positive discipline and guidance strategies.



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.

Discipline concerns are handled by staff in a way that encourages children to solve problems and develop a sense of inner self-control. Children are given authentic choices and the opportunity to be an active part of decision-making in their environment, thus fostering a sense of personal responsibility. Staff helps children to understand the reasons for rules and limits and to feel good about the choices they make



## **POSITIVE DISCIPLINE AND GUIDANCE POLICY FOR CHILDREN**

Our staff will use a variety of strategies for positive discipline and guidance in the classroom, including the following:

- Plan ahead in order to anticipate problems.
- Limit expectations to what is realistic for the developmental level of each child (and make these expectations clear to children). E.g. understand that young children are not ready to share yet; model and encourage sharing, but do not insist on it.
- Create a “yes” environment: rather than telling children what they cannot do, give them choices of the things they can do.
- Talk about children’s positive behavior: “Thank you for giving the truck to Daniel when you were finished with it.”
- Set a few simple, clear rules and expectations focused on health & well-being, safety, and respect. “We are safe, healthy, friendly and respectful.”
- State rules positively rather than negatively: “Use walking feet” instead of “Don’t run.”
- Offer reasons for rules: “I know you really like to run, but it is not safe to run inside the classroom. I don’t want you to slip and fall. Please use your walking feet when you are inside.”
- Model behaviors that we wish children to use, e.g. always being courteous and respectful.
- Give children clear, simple directions and positive reminders.
- Pay close attention to children in order to prevent and/or intervene in challenging behaviors.
- Redirect children from unacceptable to acceptable behavior: “Let’s go kick the ball instead of the toys.”
- Share our own feelings and emotions about certain behaviors: “I get worried when you climb on the bookshelf.”
- Help children deal with frustration and anger through words or pretend play.
- Focus on the child’s behavior, not on the child’s value as a person.
- Help children understand the consequences of their actions and use problem- solving skills to develop solutions.
- Encourage children’s growing sense of independence.
- Acknowledge when children show self-control.
- Help children refrain from dwelling on mistakes, so they can learn to move on.

## **POSITIVE DISCIPLINE AND GUIDANCE POLICY FOR CHILDREN**

If all of the steps have been followed to help a child improve his/her ability to demonstrate pro-social behavior and self-control while in class, a behavior plan (Classroom Management Plan) will be written in partnership with the child’s parents/guardians. Classroom Management Plan involves the parents/guardians meeting with their child’s teacher to discuss strategies to help the child develop age appropriate social-emotional 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.

## *Unacceptable Discipline Methods*

The following methods are prohibited by staff at all times, under any circumstances:

- Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching, squeezing and other measures intended to induce physical pain or fear.
- Time Out
- Threatened or actual withdrawal of food, rest, or use of the bathroom
- Use of food as reward
- Abusive or profane language
- Any form of public or private humiliation, including threats of physical punishment or emotional abuse, including shaming, humiliating, rejecting, terrorizing, or isolating a child
- Punishment for soiling, wetting, or not using the toilet
- Bribes, false threats or false choices
- Retaliating or doing to the child what s/he did to someone else
- Labeling a child as “bad” or otherwise implying that s/he is a problem, rather than the behavior

We will also refrain from discussing a child’s challenging behavior in front of the child whenever possible and will never do so in front of other children or families.

Use of any inappropriate child discipline methods by staff or volunteers will be grounds for immediate disciplinary action.

If you would like additional information about using positive discipline and guidance strategies in the home, please speak to your child’s teacher or Center Director.

## **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.

## **ATTENDANCE POLICY**

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.

### **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 or Duration 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 Center Director or Home Visitor 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.**

**Excused Absences Include**

**Illness**

- Illness or quarantine of child
- Illness or quarantine of a sibling under the age of 13
- Illness or quarantine of parent
- Court-ordered visitation (court order must be on file at Child Development Services)
- Medical/Dental Appointments

**Custody/Visitation**

- Visitation Schedules
- Custody Agreements
- No transportation (if more than 1 week, will need a Temporary Family Leave approval)

**Best Interest Days** (10 per year Aug. – July for **FULL DAY ONLY**)

- Religious activities
- Family vacation
- Special time with relatives
- School activities (mandatory)
- Sport activities
- Play dates

**Family Emergency: Emergency leaves for more than 1 week and less than 30 days, will need to be approved to be excused through the *Temporary Family Leave* process. Leaves for more than 30 days are not permitted and can result in termination of services.**

- Death in family –day of the death and funeral (parents, sibling, grandparents, aunt, uncle)
- Earthquake or other severe weather conditions –
- No Transportation
- Civil unrest or rioting

**Unexcused Absences are absences not listed above and may include**

- Personal family business
- Family Vacation (Duration only)
- School Activities (non-mandatory)
- Child was too tired to attend or overslept
- No transportation if more than a week without approval



## **BEING ON TIME**

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 complete.

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

Children must be picked up on time and signed out by an adult (18 or older) whose name appears on the emergency form. It is considered a late pick-up if a child has not been picked up within 15 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:

- Your home/employer/school
- 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.

**The first time** a late pick-up occurs, the Center Director, Family Advocate, or other Family Services Staff 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 a verbal warning.

**The second time** a late pick-up occurs within the same 30-day period, the Center Director, Family Advocate, o t h e r Family Services Staff, or Lead Teacher/Primary Caregiver will meet with the parent or guardian within 24 hours. The parent/guardian may be given a written warning. A copy of the written warning will be given to the parent/guardian and the original is placed in the child's file.

**The third time** a late pick-up occurs within the same 30-day period, a meeting between the parent/ guardian and the Family Advocate will be scheduled for the next school day to develop an Improved Attendance Plan. The parent/guardian and Family Advocate will develop a plan to establish reliable pick-up, or the parent/guardian 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.

### **Consistent Late Pickup**

If we are unable to satisfactorily resolve consistently late pick up of a child, the school may ask the family to withdraw.

### **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 taxicab. We want all families to arrive home safely.

### **Joint Custody**

In the event that custody of children is shared jointly, children will be released to either parent and to any adult listed on the emergency card provided by either parent. Should disagreements arise between the parents related to issues of who may pick up the child, staff will follow any and all procedures outlined in court orders. After this, if further disagreements arise, parents will be asked to return to court for clarification.

# CLASSROOM SCHEDULES

## **Early Head Start**

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

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



## **Head Start**

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

As part of the daily schedule at Full Day sites, a napping space and cot are available for all children to offer the opportunity to rest without distraction or disturbance from other activities at the center.

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.

## **A Typical Classroom Schedule**

- Greeting / Visual Health Check / Sign-in Family Time / Welcome Activity
- Hand washing / Breakfast or Lunch / Free Choice Activities
- Large Group Activities/Circle
- Outdoor Activities OR
- Free Choice/ Small Group Activities
- Hand washing / Lunch
- Rest/Nap Time
- Quiet Table Activities
- Outdoor activities
- Departure

## **TRANSPORTING CHILDREN**

Child Start does not provide children and families enrolled in the Early Head Start or Head Start programs daily transportation to and from Early Head Start or Head Start classes, appointments, or meetings.

Some alternatives for parents/ guardians needing assistance with transportation:

- Obtain bus passes and bus schedule for the parent/ guardian by submitting a Service Referral (FS05) to the Family Services Manager.
- Encourage families to request assistance from relatives and friends.
- Assist the family in checking with the Volunteer Center and other community agencies to determine the availability of services for transportation.

### **Bus Transportation for Children with Disabilities**

Bus transportation is not arranged by Child Start staff. This service is coordinated by the County Office of Education or school district staff in partnership with parents/ guardians as identified in the child's IFSP or IEP.

If a child will receive bussing services, the teacher completing the home visit completes the DI 05 (Authorization for School District Transportation) with the family at the beginning of the school year. If a child is identified during the school year or transportation services are added during the program year, the DI05 is filled out as soon as staff receives information regarding transportation services. The original is in the child's file, one copy is given to the family, one copy sent to the Education/ Disabilities Coordinator and one copy is to be placed in the site substitute folder.

The Center Director connects with special education partners to facilitate any bussing issues that may arise for any child bused to/from EHS/ HS classrooms.

Staff or special education partner who has contact with the child while being transported to/from our sites must be sure the child is "signed in" or "signed out" on the Children Sign In/ Out form (AD003).



## **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 Family Advocate, Family Services Worker, Center Director, doctor, and/or other identified health/nutrition staff.

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.

Family Care Planning 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 an inhaler at school, the Asthma Action Plan (HE09) is completed prior to the first day of attendance. The asthma medication, with a spacer/ mask, to administer the medication, is kept in the locked medication box with a Medication Log (HE07b). An Authorization to Request Information, (AD14), from the child's doctor will be completed for each child needing an inhaler at school.

## **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 parent/guardian, who authorizes the dispensing of medication according to the doctor's instructions.
2. All staff trained in Medication Administration must sign the HE06 form.
3. Staff receive training to store and give medication and must demonstrate their understanding of how to dispense the medication during their training session.
4. 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.

### **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 name, 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 doctor's note 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.

### **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 the correct temperature. Each classroom has a lockable medication box for refrigerated medication 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 unit and Benadryl. These must be stored out of the 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 review 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 Medication Log (HE07b).

### **Documenting Administration of Medications**

Each time medication is administered during program hours, the following information is written in the Medication Log (HE07b): 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 or HE09.

### **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 Medication Log (HE07b), as well as in the File Log (ER34). Parent/ guardian is 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 Medication Log (HE07b) includes space for the parent/ guardian to initial each month, indicating 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.

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

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

The observation of illness at home can prevent inconveniences, prolonged child illness and infectious outbreaks. If you observe any of the following symptoms of illness, please keep your child at home.

- Oral temperature is 100.4°F or higher and or chills, child must be fever free for 24 hours without the use of fever reducing medication
- Head lice (live)
- Vomiting has occurred 2 or more times in the past 24 hours due to illness
- Diarrhea (watery stool), cannot be contained in diaper/causing accidents in toilet trained children
- Rashes associated with a fever, are of unknown origin, or have draining/crusted lesions
- Eyes are red with drainage/discharge
- Sore throat (child has severe throat pain, accompanied by fever or inability to swallow)
- Open sores are draining or appear infected
- Difficulty breathing **or** rapid rate of breathing
- Persistent pain, including earache, stomach pain, pain on urination, or pain associated with an injured limb/bone
- Muscle or body aches to include headache
- Significant runny nose/severe congestion where child has difficulty breathing  
Cough is constant, or child cannot catch his/her breath due to coughing
- New loss of sense of smell or taste
- Fatigue or child appears to be too tired to participate in activities, without reason i.e., child just woke up, had a difficult morning, went to bed late

If your child develops one or more of the conditions listed above while in the classroom, you will 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 him/her that your child will be staying home!**

### **Returning to Class after Illness**

A child can return to the classroom after an illness if he/she meets the following conditions:

- Symptoms are improving, the child is feeling better, and he/she can participate in activities.
- Staff can meet the child's needs without compromising the health and safety of the other children.
- The child has been fever-free for 24 hours without fever-reducing medication.



## **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 is a common issue in childcare settings. Head lice is not caused by poor grooming. Anyone can get head lice. It is important for both staff and parents to share the responsibility of doing routine screenings 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 below for staff and parent reference.

### **Routine Lice Checks**

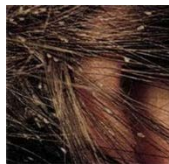
Staff check each child’s hair for live lice as noted below. The CD/HV and teaching staff ensure head lice checks occur on the appropriate timelines.

### **Center Base**

1. Every day during the first week of school.
2. Every Monday and the first day back from a long weekend and winter/spring breaks, during the Daily Health Check.
3. Every day for a week after the last identified head lice case, as part of the Daily Health Check. (For am/pm sites, both sessions follow these instructions when a case of head lice is identified in either session).

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.



## **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 HS child injury requires parent/ guardian notification using the Non-Staff Accident Report (SA06) and/ or phone call, depending on the severity of the injury. For any child injured in an EHS classroom, the parent/guardian will be notified by phone and receive the non-staff Accident Report (SA06).

In case of a Minor injury not requiring professional medical treatment (those requiring NO MORE than a band-aid or ice), 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 obtain assistance as necessary to ensure that other children are well supervised.

In case of a Major injury requiring professional medical treatment (those requiring MORE than a band-aid or ice), the Lead Teacher or Center Director assesses whether the injury is severe enough to call 911 and contact the parent/guardian. The Center Director or other designated staff accompanies the parent/ guardian and the child to the doctor when necessary.

If the parent/guardian cannot be contacted, and if the child needs to be transported by ambulance to the hospital, the Center Director or other designated staff will accompany the child. Staff must take the child's Emergency Information and Release Form (ER41) and the Non- Staff Accident Report (SA06a) to the hospital.

The RPM or Center Director will report the incident 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)

## **DIAPERING**

Since diaper-changing will be a consistent component of our infant and toddler care in the EHS program, staff will ensure that appropriate procedures for sanitary diaper-changing are followed at all times by staff and family members.

- Diapers will be checked hourly, and whenever the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper.
- Diapering will not be performed on surfaces used for other purposes. Children are never left unattended on the diaper-changing table.
- The diaper-changing surface will be disinfected after each diaper change
- Staff members are required to wash their hands thoroughly for at least 20 seconds before and after each diaper change and assist children to wash hands after diapering.

The procedure for diaper changing will be posted in the area. Families are welcome to review the procedure or ask for a copy.

## **TOILETING**

Toilet training is a developmental milestone and children entering the program may be at varying stages of toilet training. Encouragement in learning to use the toilet successfully is an important part of the daily routine. Child Start staff will assist children in the process of becoming toilet-trained and will support your child in learning to use the toilet.

- When a child is ready for this transition parents will be asked to complete an individualized Toilet Training Plan with their child's classroom teacher, lead caregiver or center director.
- Classroom staff will respond promptly when a child requests assistance using the toilet.
- Classroom staff will not show disapproval or punish children for any accidents. Children who have toileting accidents are NEVER degraded by harsh words or appearances of disgust. A conference between the teacher(s) and the parent(s) will serve to establish common goals and methods for toilet-training.
- A child's clothing will be changed immediately following a toileting accident. Soiled clothing is placed in a plastic bag, tied at the top, labeled, and placed out of reach of children. Bags are sent home with the child, so that a fresh change of clothes can be sent back to the center.
- Staff members are required to wash their hands with soap and water after each toileting, and to assist children with handwashing, using soap and water.
- Staff members always respect a child's privacy.
- If a child has challenges with the necessary self-help skills in the bathroom, the staff will assist the child and encourage parents to do the same at home.
- Staff encourages the child to be independent and allow the child to become self-sufficient. Bathrooms are cleaned and disinfected promptly after any accident, as well daily.

## **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 are 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 container (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.**

## **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). All children enrolled in the Early Head Start/ General Child Care and Development (CCTR) programs are automatically eligible for free meals at the centers through the Child and Adult Care Food Program (CACFP) 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, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

If you believe that you or your child has been discriminated against in any USDA related activity, you should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at, [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf) and contact the USDA by one of the following,

<b>Calling</b>	(866) 632-9992
<b>Write to</b>	U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D. C., 20250-9410
<b>Email</b>	<a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>
<b>Fax</b>	(833) 256-1665 or (202) 690-7442

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 (800) 952-5609.

## **MEALS PROVIDED**

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. Reasonable modifications and substitutions can be accommodated for children with special dietary needs.

Children in Full Day/ Full Year and duration programs receive breakfast, lunch, and snack.



You will receive a menu each month to inform you of food offered each day. The menu is a useful tool to begin conversations about the meals and foods your child experiences on a daily basis.

## **MEALTIMES**

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.

Adults ensure the mealtime atmosphere is relaxed and pleasant. Conversations with the children and positive attitudes and behaviors are encouraged and modeled. Conversation When talking with children during mealtime. staff use open-ended questions that may interest the children such as "What did you & your family do last night? Or "tell me about your favorite thing you did at school today" Children are offered all food as shown on the CACFP Meal Pattern. Children are also encouraged to taste all foods served but never forced to eat any food. If a child does not want to try a particular item, he/she is not "forced" to try it.



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.

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.

## **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 ready to feed 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, staff may hold the bottle under running warm (not hot) water immediately before the feeding or use a bottle-warming unit, such as a crock-pot.

### **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 or 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.

## **FOOD SAFETY POLICY**

Out of respect for the importance and value of food, food ingredients such as rice, noodles, beans, etc. are not used for art projects or motor development. The exceptions to this are flour for play dough, cornstarch, and food items that may be used in some sensory exercises for oral stimulation and speech therapy.

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. The only exception to this is uneaten whole fruit/fruit cups and unopened prepackaged food items. Food that is sent home must be eaten off the premises of the Head Start/Early Head Start site.

Home prepared food is never allowed in any Head Start/Early Head Start classroom or at any program sponsored function as we have no way of monitoring preparation, appropriate storage, or refrigeration.

## **HOUSEHOLD CONTACTS PROCEDURES**

USDA regulations require Child Start, Inc. to conduct household contacts when a Head Start or Early Head Start center:

- Claims more meals than participants enrolled or in attendance.
- Claims weekend or holiday meals without the documentation of enrollment or attendance records.
- Claims a uniform number of meals, which raises suspicion about Child Start's claiming practices.
- Reports that one or more participants are never absent from care, OR
- Consistently reports higher attendance figures than are verified during monitoring visits.
- 

Household contacts are conducted by writing or telephone in order to verify enrollment and attendance of the children in the program as well as the specific meals that are routinely served to those children.

The Child and Adult Care Food Program is administered in California by the Community Nutrition Programs Unit, Nutrition Services Division, California Department of Education located at 1430 N Street Suite 1500, Sacramento, California 95814. The toll-free number is: 1-800-952.5609 option 6.

## **PARENT CONCERNS**

Child Start deeply values feedback from parents/guardians. Attention to confidentiality of all parties involved will be paid throughout the steps of the following procedure, and resolutions will be reached within a reasonable time frame. The following is a process that we encourage parents/guardians to follow to ensure that concerns are heard and adequately addressed.

### **1. Meet with Appropriate Staff Person**

The first step in the process for parents/guardians is to meet with the appropriate staff person with whom there is an issue

### **2. Meet with Supervisor of the Staff Person**

If meeting with the appropriate staff person does not yield a mutually agreeable outcome – or if it is uncomfortable to speak directly to the relevant staff person – you are encouraged to meet with your child’s Center Director

### **3. Meet with the Regional Program Manager**

We encourage parents/ guardians to be straightforward in respectfully discussing the issue with the manager and to set a date for a follow up check-in

### **4. Submit a Community/Parent Concern Report**

If you feel your concerns have not been resolved, you may follow the complaint process detailed on the following page to submit a Community/ Parent Concern Report. The Executive Director will review the report and work to reach a resolution

## **Community Concerns, Complaints, Suspected Misconduct**

Two types of complaints may be lodged with the agency with the resolution process managed in distinct ways for each, depending on the findings that result:

1. **Program Complaints** are those that relate to agency practices, procedures, or the perception that an agency practice has violated some rule or requirement (including our own internal procedures); or failed to deal fairly with members of our community.
2. **Personnel Complaints** are those that allege inappropriate action on the part of any employee of the agency. If, as a result of reviewing the allegations, it is determined that an employee has acted inappropriately, the agency reserves the right to handle the complaint as a personnel action. In accordance with regulations and agency policy, Child Start will not divulge the results of such action, allowing the affected employee the confidentiality to which they are entitled. The only announcement the agency will make will be a clarification of agency policy relating to the issue raised by the complainant.

## **Process**

Complaints can be submitted in writing, in person, or on the telephone to the Executive Director. You can go to our website and download a copy of our Community/ Parent Concern Report on the Parent Support page or call our office at 252-8931 to ask for us to send you one. The complaint should describe completely the allegations and provide specific documents, materials, literature, or other evidence in support of such allegations.

1. Upon receipt of such complaints, the Executive Director will conduct a thorough review and examination of the information and all available facts surrounding the allegations made in the complaint.



2. After completion of the investigation, the Executive Director will prepare a written report on the facts involved in the complaint and recommend a course of action to resolve the matter.
3. The Executive Director will inform the Human Resources Director, the Executive Chairs of the Policy Council, and the Child Start Board of Directors if the complaints are of a serious nature.
  - a. The Executive Director will communicate in writing to the complainant and maintain written records of the correspondence.
  - b. If a resolution is not reached, the matter is referred to the Child Start Board of Directors.
  - c. The board has the final authority in resolving all community complaints

