



COMMUNITY DEVELOPMENT INSTITUTE
HEAD START

FAMILY HANDBOOK

2025

ABOUT THIS CDI HS FAMILY HANDBOOK

This *CDI HS Family Handbook* is intended to provide families of children enrolled in CDI Head Start programs with information about how the CDI Head Start program works – both center- and home-based services.

Procedures in this handbook are based on regulations and standards from a variety of sources, including the following:

- The Head Start Program Performance Standards <https://headstart.gov/policy/45-cfr-chap-xiii>
- State child care licensing rules and regulations – A copy of the current state child care licensing rules and regulations must be available onsite at each program site.
- National Resource Center for Health and Safety in Child Care and Early Education: *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education*. http://www.acf.hhs.gov/sites/default/files/ece/caring_for_our_children_basics.pdf
- Centers for Disease Control and Prevention <http://www.cdc.gov/>
- American Academy of Pediatrics <https://www.aap.org/>
- Occupational Health and Safety Administration (OSHA) <https://www.osha.gov/law-regs.html>

Throughout this handbook the term “Head Start” includes Early Head Start (birth to three years and Pregnant Women), Migrant and Seasonal Head Start (birth to five), and American Indian/Alaska Native Head Start and Early Head Start programs unless stated otherwise.

The term “teacher” in this handbook refers to preschool Head Start classroom teaching staff, infant/toddler caregivers in Early Head Start centers, as well as home visitors in the home-based program option unless stated otherwise.

The following terms are used interchangeably throughout this manual: Family, parent, parents, and guardians in recognition of the diversity of family situations in which children live and the respect CDI HS has for those who take over the role of “parents” for the children in their lives.

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IMPORTANT NAMES AND NUMBERS

Program Phone Number: _____

NAME	CONTENT/SERVICE AREA	PHONE	EMAIL
	Program Director		
	Health Services Specialist		
	Disabilities Services Specialist		
	Education Services Specialist		
	Parent Family and Community Engagement Specialist		
	Policy Council Chairperson		
	Transportation Services Specialist		

My child's center is _____. My child's room number is _____.

My child's teacher is _____. I can reach her/him at _____.

The teacher assistant is _____. I can reach her/him at _____.

My family service staff person is _____. I can reach her/him at _____.

The center supervisor is _____. I can reach her/him at: _____.

My child's bus driver is _____. I can reach her/him at: _____.

The operating hours for my child's center is _____ o'clock AM to _____ o'clock PM

The center is open the following days of the week _____ through _____.

The program does or does not provide extended day (before/after) services.

The washing of nap linens is done by _____.

My socialization location is _____.

Days and times of socialization _____.

WELCOME TO CDI HEAD START!

Community Development Institute Head Start (CDI HS) is a private, nonprofit corporation with its main fiscal and administrative offices in Denver, Colorado. CDI HS is the recipient of grants for operation of the local Head Start Preschool and Early Head Start programs under interim management throughout the United States and Puerto Rico.

As an interim manager, CDI HS is responsible for all of the local Head Start program operations including fiscal, personnel, and program activities. CDI HS continues as interim manager until a replacement grantee has been named by OHS. Replacement grantees are named by OHS and CDI HS is not informed of the choice, nor involved in the selection process in any form, until a final selection has been made.

The Office of Head Start utilizes the ACF Office of Public Affairs to release information about the program. Parents are welcome to provide the media and any other sources the Office of Head Start Replacement Grantee Process Brochure NIM the telephone number of the ACF Office of Public Affairs: 202-401-9215; the website for replacement grant information: www.grants.gov or the OHS Replacement Grantee Operations Center at 1-866-796-1591.



More information about the National Interim Management can be read at <http://www.cdiheadstart.org/>

THE MISSION OF CDI HEAD START

**SERVING CHILDREN AND FAMILIES OF LOW INCOME
BY FOSTERING COMPREHENSIVE, QUALITY,
EARLY CHILDHOOD EDUCATION SERVICES
IN COMMUNITY**

WHAT IS HEAD START?

Head Start is a federally funded early childhood education program that promotes school readiness through the provision of health (including physical and dental health, nutrition, and mental health), family services and engagement, educational, social, and other services to children from birth to age five and their families. Head Start encourages the role of parents as their child's first and most important teachers. Program staff build relationships with families that support positive parent-child relationships, family well-being, and connections to peers and community. Head Start is inclusive of children with disabilities.

For more information about Head Start's history, mission, vision, values, program option descriptions, resources, and regulations go to: <https://headstart.gov>.

PROGRAM GOVERNANCE

A unique aspect of Head Start is the establishment of a formal structure for program governance as outlined in the table below. Parents are a key to effective program governance and we hope you will be involved!

CDI HS Board of Directors	Policy Council	Policy Committee	Parent Committee
National governing body Legal & fiscal responsibility to administer and oversee each program.	Local program level Parents are elected by Parent Committees Community Representatives are then elected by Policy Council parents.	Delegate agencies only Separate bylaws Membership on Policy Council	All parents in the center or in the home-based program option. Meetings for the center or the home-based program option. Elect parent members to Policy Council Family events and activities.

CDI HS programs include parents and community members as active decision-makers in policies, procedures and other important issues that affect their child's education and how the program operates. All parents are encouraged to read the CDI HS document *The Parent Voice: An Introduction to Program Governance in Head Start* and to be involved in the Parent Committee.

PARENT COMMITTEES

Parent Committees are established as early in the program year as possible and are comprised exclusively of all parents of currently enrolled children. Parents may choose to have a separate Parent Committee for each center and program option or combine membership (center and home-based). All parents are automatically members of the Parent Committee and are invited to attend meetings and activities of the Parent Committee.

As a member of the Parent Committee you plan, conduct, and participate in activities for parents (e.g., Parent Committee meetings, family picnics, and family field trips). Parent Committees are encouraged to discover and discuss what parents would like to do; what they would like to learn; and how ideas can be carried out with or without staff assistance. The Parent Committees also elect the parents who will serve on the Policy Council.

POLICY COUNCIL

The Policy Council is composed of elected parents and community representatives. The Policy Council meets monthly to review and approve program plans and policies. It functions as a link to Parent Committees and is the program governance "voice of the parents" of currently enrolled children. A key role for Policy Council representatives is to express the ideas and viewpoints of the parents from the Parent Committee they represent. Policy Council members receive training on their roles and responsibilities. Policy Council members cannot be CDI HS employees, or relatives by blood, marriage or domestic partnership. There is a lifetime limit of five (5) one-year terms to serve on the Policy Council.

ELIGIBILITY AND ENROLLMENT

Head Start programs determine eligibility based on the guidelines in the Head Start Program Performance Standards. Children are selected for enrollment according to the program's Policy Council-approved eligibility selection criteria. Children are prioritized based on need including age, residence in the defined service area, family income, homelessness, foster care, eligibility for specialized education and other family or child risk factors. At least 10% of enrollment slots are designated for children with disabilities.

Because the program is funded by tax dollars, are free to qualified families. Because all families are not eligible for the program, parents are encouraged to be honest during the application process and, when enrolled, make the most of this educational opportunity for their child and family through regular attendance and involvement in all program opportunities.

ATTENDANCE AND ABSENCES

Good attendance is a habit that children form early and they rely on their parents to help them to achieve. Research indicates that children’s attendance during preschool is an important factor in student achievement in elementary school and beyond. Regular attendance also helps the development of other responsible patterns of behavior. Therefore, we want to maximize the number of days your child attends.

ARRIVAL OF CENTER-BASED CHILDREN

Please make sure children arrive and are picked up from the center at the times agreed upon at the start of the program year.



Please enter and exit the center through the main entrance. To ensure your child’s safety, you must accompany your child to her/his classroom, rather than dropping off or picking up your child from an outside entrance. You must also sign your child in and out of the center (with your signature and time) and tell the appropriate staff member that you are arriving and/or leaving with your child. Persons other than a child’s parent signing children out of the center must be at least 18 years of age and must be listed on the parent’s written approved list of emergency contacts.

Parking Lot Safety: Our center parking lots are busy during the day, especially during drop-off and pick-up time. Please make sure to hold the hand of each young child as you escort them from your car, through the parking area, and to their classroom. To maintain safety in the parking lot, do not leave your car running and park in designated parking spaces. If unsure where to park, talk to the Center Supervisor.

If you have trouble bringing your child to the center or picking him/her up on time, please meet with your family services staff person (or he/she will request a meeting with you) so that he/she may assist you.

To ensure children are safe when they do not arrive at school, we ask you to contact the program within one hour of the start of the program day when your child is going to be absent. If the program has not heard from you within one hour of your child’s expected arrival time, staff will attempt to call you. This must occur each day the child is absent, without notification from the parent.

PROGRAM STRUCTURE

RATIO AND GROUP SIZE

BASED ON HEAD START PROGRAM PERFORMANCE STANDARDS:

Center-based 4- and 5-year-olds	No more than 20 children enrolled in any class No more than 17 children enrolled in any double session class Must have a teacher and teaching assistant or two teachers
Center-based 3-year-olds	No more than 17 children enrolled in any class No more than 15 children enrolled in any double session class Must have a teacher and teaching assistant or two teachers
Center-based Under 3 years old	No more than 8 or 9 children enrolled in any class Must have two teachers with no more than eight children, or three teachers with no more than nine children
Home-based	Each home visitor serves 10-12 families

LICENSING REQUIREMENTS

The facilities used by a program must meet the Head Start Program Performance Standards or state, tribal, or local licensing square footage requirements (whichever is most stringent, **even if exempted by the licensing entity**).

PROGRAM CALENDAR

The program will provide parents with a calendar of program dates of operation, scheduled closures, breaks, holidays, and make-up days, as appropriate.

FEES

There is no fee or tuition for participation of children enrolled in CDI Head Start programs including special events such as field trips. A program may only accept a fee from families of enrolled children for services that are in addition to services funded by Head Start, such as child care before or after funded Head Start hours. If this is the case, parents would be notified at enrollment; the schedule of fees for non-Head Start hours would be attached as an addendum to this *CDI HS Family Handbook* and posted in the classroom. Programs with multiple funding sources may charge fees to private pay families and other non-Head Start families as allowed by applicable funding sources.

EARLY CHILDHOOD EDUCATION SERVICES

TEACHING AND LEARNING ENVIRONMENTS

You can expect your child's teachers to get to know your child, actively supervise the children, and create a safe and happy place for your child to learn and grow. Teachers provide responsive and nurturing care to your child, use effective teaching practices, and maintain an organized learning environment that promotes healthy development. Objectives for children's learning and skill growth, including children with disabilities, are aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*. (<https://headstart.gov/interactive-head-start-early-learning-outcomes-framework-ages-birth-five>)

EFFECTIVE TEACHING PRACTICES

The CDI HS teachers provide educational experiences for children that are individualized and promote all areas of development including:

- Communication and language skills.
- Critical thinking and problem-solving skills; and,
- Social, emotional, and behavioral competence.

The classroom is set up following the guidelines of the curriculum. Teachers plan organized activities, schedules, lesson plans, and early learning experiences based on the curriculum that respond to and build upon each child's individual pattern of development and learning. Teachers will partner with you as they gather child assessment data which provides the information necessary to effectively plan for each child and the group.

Effective teaching practices support children who are dual language learners and includes:

- For an infant or toddler dual language learners, teachers focus on the development of the home language, and experiences that expose the child to English.
- For a preschool-age dual language learner, teachers focus on both English language acquisition and the continued development of the home language.
- If staff do not speak the home language of all children in the learning environment, steps will be taken to support the development of the home language for dual language learners, such as having culturally and linguistically appropriate materials available and other strategies, such as identifying parents or other volunteers who speak the children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.

LEARNING ENVIRONMENT

The learning environment must be well-organized with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences.

- For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences.
- For preschool age children, include teacher-directed and child-initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities.

MATERIALS AND SPACE FOR LEARNING

The program must provide age-appropriate equipment, materials, supplies, and physical space for indoor and outdoor learning environments. Necessary accommodations are provided to make the space, equipment, and materials accessible to children with disabilities.

TECHNOLOGY USE AND ACCESS TO INTERNET BY FAMILIES

There may be times when CDI HS provides certain technology (tablets, mobile hotspots, etc.) to families for use outside the classroom. Use of such technology shall be for Head Start-related educational purposes only. Parents may be required to sign a Responsible Use Agreement before using any device. Any use of CDI HS technology is subject to the following guidelines:

- Access to inappropriate material is strictly prohibited.
- Technology shall not be used for personal matters outside of Head Start-related educational purposes. Devices shall not be used to access ~~to~~ personal email or other accounts, and shall not have any additional applications or media downloaded outside of what is provided by CDI HS. Users should be aware that logging in to personal accounts (e.g. iCloud or social media) may inadvertently result in personal content appearing on the CDI HS device.
- There is no expectation of privacy regarding the use of CDI HS technology outside the classroom.
- All such technology shall be promptly returned to CDI HS upon request or when the child is no longer enrolled, whichever occurs first.
- Parent shall supervise child's use of these technology items at all times.
- The technology items shall be returned to CDI HS undamaged and in good working order.
- By accepting technology items from CDI HS, parent assumes all responsibility for how the technology may be used by their child(ren) or others. Parent assumes all risk of injury or harm as a result use of the technology item and agrees to release, indemnify, defend, and forever discharge and release from all liability, claims, and demands against CDI HS for any claims related to the technology item until it is returned to CDI HS.
- Violation of this policy may result in no longer being eligible to use CDI HS technology and equipment and/or reports to appropriate authorities.

REST, MEALS, ROUTINES, AND PHYSICAL ACTIVITY



CDI HS provides a regular daily rest/naptime in center-based programs operating six hours or more. Head Start children may need a rest time or other quiet learning activities if they do not need or want to rest or nap to help them relax and unwind from their busy morning schedule. In a classroom where children attend fewer than six hours, naptime may not be needed. However, we recognize that if a child falls asleep, his/her body requires the rest, so we don't try to keep a child awake if he/she is sleepy.

Snacks and meals are provided daily and are planned to support development and learning and to foster communication and socialization. Family-style meals are encouraged. Sufficient time is provided for children to eat in a relaxed manner.

Routines such as hand washing and diapering, and transitions between activities are intentionally planned as opportunities for strengthening development, learning, and skill growth.

Physical activity is important to learning and teachers plan movement and physical activity into daily activities and routines to support health and learning both indoors and outdoors. Physical activity is not used as reward or punishment. The use of play pens, baby swings, bouncing chairs and other "restrictive" equipment that don't allow children freedom of movement during play/activity time are not appropriate in CDI HS infant toddler programs.

SCREENING

Teachers will partner with you to complete a developmental screening for your child within the first few weeks of enrollment. Screening helps to identify your child's current skills as well as any concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional development. The information you share with teachers about your child's typical behavior is an important part of the screening process. Within 45 calendar days (30 calendar days for programs operating less than 90 days), the program must obtain a health care provider's hearing and vision screening or perform evidence-based vision and hearing screenings. Hearing and vision are part of preventative care that is included in a well-child exam.

Parents are encouraged to request completion of vision and hearing screenings by their child's physician during physical examinations so that needed potential services can be identified as soon as possible. In the event your child's health care provider does not do the vision and hearing screening, CDI HS may partner with local community resources/providers to complete vision and hearing screenings as needed for specific children. As a last resort, CDI HS trained staff may complete vision and hearing screenings.

REFERRAL

If the screening results indicate a concern about your child's development, your child's teacher and perhaps other support staff will discuss with you the process for referral for further evaluation. Referrals are only made with parents' written consent. These referrals are to the local agency responsible for conducting formal evaluations for children in the local area. Program staff will support you through the formal evaluation process.

If the child is determined to be eligible for services under the Individuals With Disabilities Education Act (IDEA), the program staff will partner with you and the local agency responsible for implementing IDEA to plan and deliver services for children with disabilities as required by an Individual Family Service Plan (IFSP) for children birth to age three, or an Individual Education Plan (IEP) for children ages 3 to 5 years.

ASSESSMENT FOR INDIVIDUALIZATION

Ongoing assessments are conducted by teachers for each child throughout the program year to support individualization of curriculum activities. The ongoing assessments include informal teacher observations and family and staff input. The assessment provides information to:

- Evaluate the child's developmental level and progress.
- Determine a child's strengths and needs
- Inform and adjust strategies to better support individualized learning.
- Improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based programs; and,
- If warranted from the assessment information and with direct guidance from a mental health or child development professional and with parent's consent, refer the child for formal evaluation to assess a child's eligibility for services under IDEA.

PARENT ENGAGEMENT IN EDUCATION AND CHILD DEVELOPMENT SERVICES

Parents are children's first and lifelong teachers. We encourage you to engage in your child's education. Staff will be offering opportunities for parents and other family members to be involved in the program's education services by ensuring:

- The center is open to parents during all program hours.
- Teachers regularly communicate with parents, so you are well-informed about your child's routines, activities and behavior while at the center.
- Teachers conduct at least two home visits per program year with each family.
- Teachers hold parent conferences at a minimum of two times per program year with each family.
- Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program.
- Parents and family members have opportunities to volunteer in the class and during group activities; and
- Teachers inform parents about the purposes of and the results from screenings and assessments and discuss your child's progress with you.

The home visits are conducted to engage parents in the child's learning and development. Parent conferences are held to enhance the knowledge and understanding of both staff and parents of the child's educational and developmental progress and activities in the program. CDI HS programs make every effort to provide two home visits and two parent teacher conferences to every family that enrolled prior to the last six weeks of the end of the program year. Staff will offer parents who enroll their children during the last six weeks of a program year an opportunity for at least one of each.

If you have a concern about your child's development, please discuss it with your child's teacher (or home visitor) right away. This includes any concerns about behavior, activities, health or emotional well-being. The more information that you share about your child, the better we can care for your child and help him/her develop his/her learning and life skills.

CELEBRATIONS AND FAMILY ACTIVITIES

Research-based curriculum is not "holiday focused" and therefore classroom staff will not teach or plan curriculum activities that promote specific holidays. Families are encouraged to share their culture and traditions that may be introduced as part of the curriculum. The parent committee may share culturally appropriate experiences with the teacher for the children. CDI HS emphasizes a multicultural and anti-bias curriculum.

Birthdays are a family celebration. Children are recognized by the teacher regularly for the special person they are. Just as with holidays, birthday celebrations are not part of the program's curriculum. Parents are asked not to bring any food, candy, balloons, or gifts to the classroom for any occasion.

An end of year celebration is created around activities which allow for parent, child, and staff interaction. The performance of children, wearing caps and gowns or other adult-focused "graduation" attire and graduation activities (e.g., lining up to receive a diploma) is not appropriate for young children. Celebrations that mimic secondary school graduations are not appropriate for Head Start age children. In addition, activities that place undue economic hardship on families (requirement for "dress-up" clothes or special outfits) are also unsuitable. CDI HS enthusiastically supports appropriate parent/child/family/staff celebrations where they participate together to mark the transition at the end of the program year. Appropriate activities that involve parents, children and staff include picnics games and creative activities, family dances, or an outdoor fun day.

HOME-BASED PROGRAM DESIGN

Home-based services consist of weekly home visits that are ninety (90) minutes long and focus on promoting high-quality early learning experiences using the home-based curriculum with parents. Home visit activities are planned that:

- Are age and developmentally appropriate.
- Have an organized developmental scope and sequence based on developmental progressions and how children learn.
- Promote the parent's role as the child's teacher
- Provide strategies and activities that promote parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development.
- Provide strategies and activities that promote the home as a learning environment that is safe, nurturing, responsive, and language- and communication-rich; and,
- Provide research-based strategies and activities for children who are dual language learners.

CDI HS home visitors will follow up (through phone call, email, text, or short visit) with families between home visits to discuss the effectiveness of the learning experiences provided, address concerns, and provide any additional information and strategies to promote progress toward school readiness goals.

HOME-BASED GROUP SOCIALIZATION

CDI HS staff plan group socializations with families. Socializations are conducted with both child and parent participation, occur in a classroom, community facility, home, or field trip setting, as appropriate. Group socializations must be structured to:

- Provide experiences parents can share with their children to strengthen parent-child relationships and to help promote the parent's understanding of child development.
- Allow opportunities for parents to support their child's development.
- Provide opportunities for parents to engage with other parents.
- Provide opportunities for parents of preschoolers to participate in activities that support parenting skill development or family partnership goals, as appropriate.

- Emphasize preschool age peer group interactions designed to promote children's social, emotional and language development, and progress towards school readiness goals; and,
- Provide opportunities for parents to observe and actively participate in activities with their children and other families

TRIBAL LANGUAGE PRESERVATION AND REVITALIZATION

Any program serving American Indian and Alaska Native children may integrate efforts to preserve, revitalize, restore, or maintain the tribal language for these children into program services. These efforts may include full immersion in the tribal language for the majority of the hours of planned class operations.

HEALTH SERVICES

Staff support parents in their ability to receive ongoing, continuous healthcare for their family. Promotion of good health and preventive healthcare involves children, parents and all staff. Parents provide an important model for healthy living for their children.

Upon enrollment, staff will partner with parents to complete a health history for each child. An update as needed at least annually for HS children and monthly for EHS children to 12 months.

The program establishes and maintains a Health Mental Health Services Advisory Committee that includes Head Start parents, health professional, and other volunteers from the community. If you are interested in participating on the Health and Mental Health Services Advisory Committee, please tell your child's teacher or another staff person.

In order to follow the Head Start Program Performance Standards, staff will partner with you to ensure your child receives all necessary health services. Please respond in a timely way when they request information from you regarding health services. CDI HS staff are required to effectively communicate with parents in a timely manner to track and monitor all health services and follow-up. The goal of health services in Head Start is to provide any necessary support or referrals to the family to ensure the child's health and well-being as it effects the child's school readiness. These services will include:

- Determining the family's access to health care and insurance coverage.
- Ensuring the child is up-to-date and stays on track on a schedule of well-child preventive medical and oral health care, including immunizations.
- Ensuring the child has a vision and hearing screening.
- Identifying any nutritional health needs.
- Sharing any health concerns that are observed while the child is participating in the program.
- Facilitate oral health care by providing tooth brushing opportunities while at the center and fluoride treatment as recommended by oral health professionals.
- Supporting any follow-up needed to address identified health concerns.

Staff must obtain, in advance, authorization from the parent or guardian for all health and developmental procedures administered through the program and maintain written documentation if the parent does not give authorization for any service.

Staff will also provide the following opportunities for the parents to:

- Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practice for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep.
- Discuss their child's nutritional status with staff and the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs.
- Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance abuse problems, including perinatal depression.
- Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and,
- Learn about appropriate vehicles and pedestrian safety for keeping children safe.

We encourage you to take advantage of these opportunities the program offers to parents.

SICKNESS - EXCLUSION POLICY – INFECTIOUS DISEASES



Children should not come to class if they are ill. Parents should call the program in the morning when their child will be staying home due to illness. Home visits should be cancelled. CDI Head Start follows state child care licensing guidelines for symptoms of illness that require short-term exclusion from services and the requirement for when a child may return. Your child's teacher or home-based home visitor may provide you with the complete listing of signs and symptoms from state child care licensing.

If your child's teacher notices that your child has symptoms of illness upon arrival or any time during the day, you or the emergency contacts you have provided will be contacted and asked to take your child home.

MEDICATION ADMINISTRATION POLICY AND PROCEDURE

The CDI HS medication policy and procedures are minimum requirements to be followed. If state or local requirements are more rigorous, those will be followed.

Requirements for administration of medicine at CDI HS centers:

- Prescription and non-prescription medication must be in the original container with a clearly labeled prescription attached (including the child's name, dosage, expiration date, medical provider name, pharmacy name, and phone number).
- Prescription and non-prescription (over the counter) medication must have written permission of the parent. Note: CDI HS programs will follow the state licensing regulation for over-the-counter medications, such as sunscreen, insect repellent, and diaper rash creams or ointments. CDI HS does not provide these items.
- CDI HS staff may not administer medications to control fever.
- CDI HS staff may not administer the initial or first dose of medication. (Exception: rescue medication)
- Children who require medication during school hours, must have, an individual health care plan, or a licensing required document completed by the child's health care provider.
- The staff person administering the medication must have received training.
- Medication is checked monthly to prevent the use of outdated medication. When medication is near expiration, the parent/guardian is notified to provide a new prescription, and the expiring medication is returned to the parent/guardian. Staff complete a new medication log for the current medication.
- All empty or unused medication containers are to be returned to the parent/guardian at the end of the school year.
- Staff document on the medication log that the medication was returned to the parent/guardian.

Staff who administer medication at the center must:

- Check that the name of the child on the medication and the child receiving the medication are the same.
- Check that the name of the medication is the same as the name of the medication on the instructions and that the medication is in the original container, not expired, has the prescription label intact or the instruction is legible and appropriate to child's age.
- Read and understand the label/prescription directions in relation to the measured dose, frequency, and other circumstances relative to administration (e.g., by mouth, in relation to meals/snacks, ear canal, eye) and other special instructions relative to the medication.
- Administer the medication per the prescribed methods and the prescribed dose.
- Observe and report any side effects from medication.
- Document the administration of each dose by the time and the amount given.
- Document the person giving the administration and any side effects noted; and,
- Handle and store all medications per label instructions and regulations.

Parents are to inform staff when they give their child a medication before school or before putting their child on the bus. Staff will notify parents of medication that is given at the center (such as

needed asthma medication) and the results (e.g., “symptoms were better”) or any side effects. For routine medications (given daily) staff should discuss results/side effects with parents on a regular basis.

INDIVIDUALIZED HEALTH CARE PLANS

CDI HS does not exclude children from participating in the program based on health care or medication requirements unless it poses a risk to the child or others in contact with the child.

Children who require an individualized health care plan must have one in place before the first day of attendance in the classroom. The individualized health care plan is only necessary for conditions in which accommodations must be made by the program for the child to be able to safely participate in program services. It provides clear guidance for program staff by specifying procedures and clarifying responsibilities of staff in order for the child to attend the Head Start program. Appropriate staff required to be aware of these procedures are informed of the child’s health care plan. A family meeting must be scheduled to ensure all documentation, training, and other requirements are in place to ensure the well-being of the child **before their attendance.**

With timely planning, staff training, monitoring, supervision and support, staff can provide care to children with chronic conditions and reduce the chance of medical complications.

The individualized health care plan is developed with the participation of families, medical professionals, classroom staff, and relevant members of the Head Start management team (e.g., health, disabilities, nutrition, and education specialists). All parties will sign the individualized health care plan as an indication of their understanding and commitment to plan. The plan is reviewed at least quarterly for Early Head Start and annually for Head Start Preschool, or any time there are changes in the child’s condition or the child’s health care needs.

Children who require an individualized health care plan include, but are not limited to, any child who needs:

- Adaptations in daily activities or diet because of a medical condition, allergy, or physical condition requiring adaptations (See child’s IEP/IFSP); daily activities to be considered include meal planning, feeding, playing, sleeping, transporting, toileting.
- Daily or emergency medication required in order to participate in the program (ex. Inhalers, nebulizers, insulin, etc.).
- Individualized emergency planning (ex. epinephrine auto-injectors, special equipment to evacuate the building, etc.).

An individualized health care plan must include, but is not limited to:

- current date of the plan (the individual health care plan is valid for one year from the date it is written).
- what accommodations in daily programming are needed, including meals and snacks, playing, sleeping, and toileting.
- when and how to give daily or emergency prescription medication, and who may give it.
- when and how to perform any required medical procedures, and who may perform them.
- what procedures to follow in the event of a medical emergency, or complication.
- who to contact in and emergency.
- signature of the parent, healthcare professional and all participating program staff.

DENTAL CARE AND HYGIENE



Dental care and hygiene is an important focus of Head Start health services. Preschool age children in center-based programs are provided with toothbrushes and taught to brush their teeth after meals at the center. In Early Head Start center-based programs, infants and toddlers’ mouths and teeth are gently cleaned using age-appropriate methods.

Through the CDI HS program, a system is established to involve the parents in accessing needed medical and dental health services for their child, to track and report completion of needed services, and to identify health concerns to be addressed through individualized plans for follow-up and treatment. For children with moderate to severe tooth decay who do not have fluoridated water or where fluoride is not available, the program must consult with the CDI HS Health and Mental Health Services Advisory Committee to determine how the program can support the need for fluoride. The program will facilitate fluoride supplements and other necessary preventive measures and further oral health treatment as recommended by the child’s oral health professional.

CHILD NUTRITION

NUTRITION ASSESSMENT

As part of the Head Start application procedures you should have had the opportunity to share with the program staff any special nutritional needs or concerns you have for your child. For returning children age one through five years, an annual health nutrition history update will be completed each year. Changes in infant nutrition and feeding schedules, eating patterns, and types and amounts of food must be shared between parents and teachers regularly.

If your child has a nutritional need, you may give approval for a referral for an evaluation or services by a dietitian. Individual health care plans as noted above will be developed for children with special dietary or feeding concerns. The Child and Adult Care Food Program (CACFP) requires the written plan must indicate the restricted food(s) and recommended substitutions and/or modifications. All written plans or instructions must indicate symptoms of exposure and what to do in case of an emergency allergic reaction. All staff must be aware of the children with food allergies and the names of children and their food allergies must be posted where food is prepared and served.

Staff will work with parents to provide reasonable accommodations when indicated in a child's IEP/IFSP or plan developed by the health care provider for children with diagnosed disabilities who also require modifications for feeding, equipment or any part of mealtime.

MEALS



Children in center-based programs receive meals/snacks according to the amount of time they are at the center, taking into consideration individual nutritional plans/needs, and following the Child and Adult Care Food Program (CACFP) guidelines and HSPPS as follows:

- Ensure each child in a program operating for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs.
- Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program day.
- Serve three- to five-year-olds meals and snacks that conform to USDA requirements and are high in nutrients and low in fat, sugar, and salt.
- Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements. Ensure infants and young toddlers are fed on demand to the extent possible.
- Ensure bottle-fed infants are never laid down to sleep with a bottle. Infants should be held while being bottle fed and bottles are never "propped".
- Bottles and baby food may be kept and prepared in the classroom, but must be stored in a safe and sanitary manner and at the appropriate temperature and brought to the appropriate temperature before serving. Microwaves are not to be used to warm bottles or foods.
- Because of CACFP guidelines and nutritional practices, parents are not to bring food to school (except pumped and stored breast milk).
- Promote breastfeeding, including providing a refrigerator to properly store pumped breastmilk. Staff ensures containers of breast milk or formula are dated, clearly labeled with the child's name, and used only for the intended child. Accommodations are available, as necessary, for mothers who wish to breastfeed during program hours. As needed, provide referrals to lactation consultants or counselors.
- Serve all children in morning center-based settings a nourishing breakfast. There is no "cut-off" time for breakfast and it should be presented to all children unless their arrival is within 30 minutes of the next scheduled meal or snack and even if it doesn't qualify for CACFP reimbursement due to being outside of the approved meal schedule.
- Provide appropriate healthy snacks and meals (must comply with CACFP guidelines regardless of whether reimbursement is being claimed) to each child during group socialization activities in the home-based option.
- Make safe drinking water available and offer it to children during the program day; and,
- Food and snacks are to be eaten at the center and not sent home with the child.

Mealtime is to be pleasant and relaxed, and offers an opportunity to broaden children's food experiences, and to engage in social conversations. Children are encouraged to serve themselves and

help with the mealtime routine.

If a child does not want to eat a particular food, the child is encouraged to have a taste, but the child is never forced. Food is never used as a reward or punishment. Because of the sugar content, flavored milk (e.g., chocolate, strawberry) is never allowed in programs operated or funded by CDI HS.

INTRODUCTION OF NEW FOODS

Teachers of infants and toddlers are to work closely with parents, and health care providers as needed, to introduce solid foods at 6 months of age or when developmentally appropriate. New foods are introduced one new food at a time. Teachers wait a sufficient amount of time before the next new food is introduced to determine if allergies occur.

USDA NON-DISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CHILD MENTAL HEALTH AND SOCIAL AND EMOTIONAL WELL-BEING

For young children the term “mental health” is synonymous with social and emotional development which is an essential part of well-being. It is foundational to the ability to think, learn and grow. A definition of early childhood mental health is summed up as:

The developing capacity of children birth through age five to:

- Form close and secure relationships with adults and peers.
- Experience, regulate, and express their emotions in appropriate ways.
- Explore their environments, try new things and learn – all in the context of their family, culture, and community.

CDI HS provides mental health services through staff or consultants licensed or certified with experience and expertise in serving young children and their families. CDI HS staff support the social-emotional development of all children by building trust, being responsive and fostering independence. Providing clear, consistent limits and having realistic expectations for the children contributes to development, as well as encouraging respect for others feeling and rights and showing respect of home language/culture.

The long-term goal for children enrolled in the program is to gradually develop a sense of inner self-control or self-regulation. They can begin to understand the reasons for limits that are set, and develop a sense of being respected and respecting other's rights and feelings.

When adults use positive guidance techniques, they assist children in developing self-control and problem-solving skills over time. Positive guidance techniques include problem-solving, redirection, offering choices, refocusing, engaging in play, using positive statements, and active listening. When parents are involved in the CDI HS program at the center, socialization activities, or even during home

visits, staff invite parents to learn from and follow these positive guidance techniques while participating as well as implementing them in their home.

MENTAL HEALTH CONSULTATION

Mental health and wellness professionals/consultants are available to assist CDI HS staff and parents to understand children's behavior and support children's development. Parent consent for mental health and wellness consultation is obtained at enrollment.

Mental health and wellness consultation includes:

- Assisting the program to implement strategies to identify and support children with social/emotional concerns (may include reviewing screening and assessment information, conducting observations, consulting with staff/parents, implementing policies/individual plans to limit suspension and prohibit expulsion).
- Assisting teachers, home visitors, and family child care providers to improve classroom management and teaching practices through classroom/home observations and consultations to address teacher and individual child needs and promote positive mental wellness; and
- Helping both parents and staff to understand mental wellness and access interventions, if needed. This includes individual consultation, staff/parent training opportunities, direct support for referrals for formal evaluation, and additional service support for children with developmental concerns.

CDI HS GUIDANCE AND DISCIPLINE POLICY

The following methods of guidance and discipline define what is and is not appropriate in CDI HS programs.

ACCEPTABLE/APPROPRIATE ACTIONS

Method: Indirect Guidance

- **Prevention:** A well-designed and well-equipped classroom provides regular routines, enough time for play, security, little waiting and planned transitions tailored to the developmental level of the children. Home environments can also provide children with regular routines and safe, familiar materials and people to provide stability and care.
- **Modeling:** Children copy what they see and hear. If we wish to provide a peaceful and cooperative environment for children to grow and learn, then staff/adults must demonstrate this in actions and voice. When voice levels are soft and calm, the children set their tone in a similar fashion. Adults model appropriate expressions of feelings.
- **Praise and Encouragement:** When opportunities arise recognize appropriate behavior with positive, specific statements such as, "Look how high you are building the blocks," or "Thank you for helping set the table."
- **Clear Expectations:** Environments that have a few, clear, simple rules that vary according to the developmental level of the children help children know what is expected. Including children in determining the classroom rules will help them to understand and follow the rules.

Teachers can provide clear expectations as they:

1. Tell children what they are to do in a positive tone.
2. Post classroom rules for parents and staff to read and pictures children can refer to.
3. Help children understand and experience the positive results of following rules; and
4. Explain rules to children and apply rules consistently.

Method: Direct Guidance

Prior to utilizing any direct guidance method, staff/parents must be sure to have the child's attention: gently place arm around child's shoulder, kneel down to child's level, eye contact (where appropriate), confident voice; avoid calling across the room.

- **Problem-solving:** Use natural and logical consequences and ask questions to encourage problem-solving. Help identify the child's needs, feelings, causes, alternatives and choices. Provide cues such as the statement, "I see you both want to use the same tractor, what do

you think we can do?”

- **Redirection:** A child who is out of control, throwing blocks because he/she seems frustrated or angry could be redirected to throwing bean bags into a tub or pounding clay. This is a good chance for the adult to “look at the total picture” and use creativity and problem-solving skills by assessing why the child may be doing this and figuring out how to best respond. Perhaps the child is getting hungry or needs emotional support. A child may need redirecting to one-on-one interaction with a teacher /parent (e.g., in a rocking chair together or a story in a quiet corner).
- **Distraction by Focusing Play:** Teachers/parents can enter into play directly and help children refocus by modeling using the materials constructively or adding a new dimension to the play.
- **Using Positive Statements:** Use positive statements as much as possible, for example, “Please keep the play dough on the table.” As opposed to “Don’t throw the play dough on the floor.”
- **Active Listening:** Listen closely to the child to help determine the underlying cause of the behavior.
- **Time Out:** CDI Head Start programs do not support the use of “traditional” time out where a child is sent to a chair or corner for so many minutes. Positive, empathetic statements such as, “Do you need to be by yourself for a while?” help the child recognize the need to quiet him or herself. Other statements such as, “This seems to be hard for you right now, so let’s find something else to do.” allows children a choice in choosing a more appropriate activity for that time.
- **Separation:** A child may be separated from the group only when many less intrusive methods of guiding his or her behavior have been ineffective. A child is to be separated from the group only when his or her behavior causes concern for his or her safety or that of the other children. The child must always have adult supervision.

Persistent Behavior/Suspension/Expulsion

A child may not be expelled or unenrolled from Head Start because of the child’s behavior.

If a child displays persistent, unacceptable behavior, program staff will use and document all steps taken in the following protocol to ensure every effort is made to help the child be safe and successful while participating in the Head Start program:

- Ongoing collaboration and planning with the parents.
- Engage with mental health consultants.
- Utilize appropriate community resources and supports such as behavior coaches, psychologists, or other appropriate specialists or resources to determine every reasonable option.
- Develop a written plan with reasonable modifications, with the parent and the mental health consultant, as needed, to meet the individual needs of the child which may include:
 - Actions and supports needed.
 - Modified program plan with reduced classroom hours and/or additional home visits.
 - Referral to local agency responsible for IDEA as appropriate and to determine eligibility for services.
 - For children with disabilities and IEP/IFSP, review appropriateness of services and supports in consultation with the local agency responsible for the IEP/IFSP, never excluding a child on the basis of disability.

A temporary suspension will only be used as a last resort and in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by reasonable modifications. Temporary suspensions must be approved by the NIM Site Manager.

Examples of behaviors that may require temporary suspension are behaviors that are continuous, excessive and dangerous:

- Repeated biting
- Repeated kicking
- Repeatedly throwing objects

- Inflicting harm to self or others in other ways
- Consistent oppositional behavior or non-compliance in times of safety or urgency, running from the teacher or from the room or playground

Inappropriate/Prohibited Actions by Staff: Any maltreatment or endangerment of the health and safety. At a minimum staff must never:

- Use corporal punishment, including rough handling, shoving, hair pulling, shaking, slapping, kicking, biting, pinching, hitting or spanking.
- Use isolation to discipline a child.
- Bind or tie a child to restrict movement or tape a child's mouth.
- Use or withhold food as a punishment or reward.
- Use toilet learning/training methods that punish, demean, or humiliate a child.
- Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.
- Physically abuse a child.
- Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family, or yelling at a child or raising voice, unless a child is in some type of danger, such as running into the street.
- Use physical activity or outdoor time as a punishment or reward; or,
- Any type of punishment or action hazardous to the physical, emotional, or mental health of the child.

Parents participating in CDI HS program activities are also asked not to engage in these actions.

FAMILY SUPPORT SERVICES FOR HEALTH, NUTRITION, AND MENTAL HEALTH

CDI HS staff regularly collaborate and communicate with families to promote children's health and well-being. Staff provide the following opportunities for the parents to:

- Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practice for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep.
- Discuss their child's nutritional status with staff and the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs.
- Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance abuse problems, including perinatal depression.
- Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and,
- Learn about appropriate vehicles and pedestrian safety for keeping children safe.

SAFETY PRACTICES

CDI HS programs build a strong foundation that ensures the overall health and safety children, and active supervision of children. All staff must have complete background checks and receive training in required CDI HS safety practices.

HEALTH AND SAFETY PRACTICES

Health and safety is everyone's business in CDI HS programs. We encourage parents to assist staff in monitoring the environment for any health and safety hazards. If you see something that is a concern, please bring it to the attention of your child's teacher or the center supervisor.

- All facilities must meet state child care licensing requirements, **even if not required by the state.**
- CDI HS requires staff to complete a daily safety inspection.
- Staff members are expected to ensure materials and equipment are safe, clean, and sanitized and to teach children to care for the materials, equipment, and facilities.
- Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment

used in the care of enrolled children must meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum:

- Be clean and safe for children's use and are appropriately disinfected.
- Be accessible only to children for whom they are age appropriate.
- Be designed to ensure appropriate supervision of children at all times.
- Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and,
- Be kept safe through an ongoing system of preventative maintenance.
- Each infant/toddler in a center-based program is to be assigned a crib that only she or he sleeps in. Crib sheets and other linens are to be changed and laundered at least weekly. Cribs/mattresses are to be cleaned weekly, or more often if needed, and before use by another child.
- Each older two-year old or preschool child in a center-based program must have clean bed linen consisting of a sheet, towel or small blanket to place on his or her cot or mat for daily rest or nap time. Cots or mats are to be cleaned weekly and/or before the use by another child. The used bed linens cannot touch one another during daily storage. All bed linens and clothing must be identified with the child's name. Linen is to be laundered at least weekly and more frequently as needed.
- Staff must follow CDI HS procedures for:
 - Appropriate toileting, hand washing, and diapering
 - Safe food preparation
 - Handling exposure to blood and bodily fluids
 - Reporting suspected child abuse and neglect
 - Safe sleep practices
 - Appropriate indoor and outdoor supervision of children at all times
 - Only releasing children to an authorized adult
 - Head Start Standards of Conduct

COVID-19 MITIGATION POLICY

To protect children, families, and staff from infection and illness, 45 CFR §1302.47(b)(9) requires Head Start programs to have an evidence-based COVID-19 mitigation policy developed in consultation with their Health and Mental Health Services Advisory Committee (HMHSAC) that can be scaled up or down based on the impacts or risks of COVID-19 in the community. The mitigation policy includes strategies from evidence-based credible sources such as the U.S. Centers for Disease Control (CDC) and state, tribal, local, and territorial health departments.

PEDESTRIAN SAFETY

It is the responsibility of CDI to promote a culture of safety for children, families, and communities. The HSPPS requires programs to train parents and families in pedestrian safety. In addition, HSPPS requires programs to incorporate pedestrian safety into the curriculum. CDI HS developed training materials for the programs to meet the HSPPS regulations of educating families, staff and children. To learn more about pedestrian safety and tips to keep you and your family safe visit: <https://www.safekids.org/tip/pedestrian-safety-tips>.

CAR SEAT SAFETY



It is the responsibility of CDI to promote a culture of safety for children, families and communities. Car seat safety is a critical component to a child's health and safety. "Car crashes remain a leading cause of death for children. Over the last 10 years, 4 children under 14 and younger died each day. We hope that by helping parents and caregivers use the right car safety seat for each and every ride that we can better protect kids and prevent tragedies." Transporting children without the appropriate car seat is against the Law. The offense is punishable by fine, ticket and/or a report to the local law enforcement agency or CPS. Parents are asked to transport children safely and according to the law of your State. The American Academy of Pediatrics (AAP) has set the following guidelines to ensure children's health and safety during vehicular transport:

- Infants and toddlers should ride in a rear-facing car safety seat as long as possible, until they reach the highest weight or height allowed by their seat.
- Once they are facing forward, children should use a forward-facing car safety seat with a harness as long as possible, until they reach the height and weight limits for their seats.

- Many seats can accommodate children up to 65 pounds or more.
- When children exceed these limits, they should use a belt-positioning booster seat until the vehicle's lap and shoulder seat belt fits properly. This is often when they have reached at least 4 feet 9 inches in height and are 8 to 12 years old.

Resources:

- <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats>
- <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Updates-Recommendations-on-Car-Seats-for-Children.aspx>

ACTIVE SUPERVISION

Staff supervise and are actively engaged with children to keep children safe. Staff provide appropriate indoor and outdoor supervision of children throughout the day. Children are never left alone or unsupervised. Ask your child's teacher to share with you their approach to active supervision. Their approach should include the following key elements:

- Staff set up the environment, so children can be supervised at all times – low furniture, no “blind spots” or hidden corners.
- Staff communicate with each other and plan to position themselves during the day, so all children can be seen and supervised.
- Staff scan & count throughout the day –keeping a written count and check-in often with each other often to ensure all children are accounted for.
- Staff listen for any sounds, or “lack of sound,” that may signal a need for closer supervision or engagement with children.
- Staff anticipate children's behavior and are prepared for smooth transitions between activities, indoor to outdoor, etc.
- Staff engage with and redirect children to ensure they are safe and supported in their learning activities throughout the day.
- Staff appreciate our parents' support in speaking with your children about keeping themselves and their friends safe in the classroom. Children are involved in the process to help them learn safety skills too.

EMERGENCIES, ACCIDENTS/INCIDENTS, AND FIRST AID



For your child's well-being it is critical that we have up-to-date emergency contact information for your family in our files at all times. In case of an emergency we must know how to reach you or your emergency contacts as soon as possible. Please provide any changes in your personal or emergency contacts to your family service staff person, center supervisor, or home visitor in person and sign/initial changes on the emergency contact form to ensure that we always have the most current information. All child files must contain an emergency treatment and transportation information form signed in advance (at enrollment) by a parent or guardian in the event she or he is unavailable to give such permission at the time of an emergency.

First aid/CPR trained staff must be on site whenever children are present at the center, at socialization sites and activities, on the bus, and on field trips. All centers and socialization sites have first aid kits that are well-supplied and kept in a designated location. Only soap and water will be used to clean a wound; no antiseptic or ointment will be applied.

Minor accidents requiring first aid will be treated by staff certified in first aid. If a child requires first aid and/or sustains any type of head injury, bump or broken skin, you or your emergency contact will be notified by the teacher, family service staff or center supervisor. These incidents as well as any minor scratch, bump or bruise occurring while in school, will be noted on an incident report. You will receive a copy that day and a copy will be put in your child's file. All incident reports are kept confidential. . To learn more about common childhood injuries and prevention tips visit: <https://headstart.gov/search/eclkc?q=common+childhood+injuries>

If a serious accident occurs in the center or on the playground requiring immediate medical attention, staff will call 911 Emergency Medical Services (EMS) immediately. A staff member will notify you or your emergency contact.

If your child is to be transported by an emergency medical vehicle, he/she will be accompanied by a staff member if you or your emergency contact is not available and if allowed by the EMS staff. We will let you or your emergency contact know immediately where your child is being taken.

PROTECTING CHILDREN FROM CHILD ABUSE AND NEGLECT

It is a responsibility of all staff, consultants, contractors, parents and volunteers to promote the healthy and safe development of the children in our program. It is our goal to also promote the healthy family functioning of families enrolled in Head Start.

Being a parent can bring much joy but at times it can be a tough job and sometimes it becomes overwhelming. If you feel that you or someone in your family needs help to keep your child safe, talk to a Head Start staff member so they can help you find assistance to keep your child safe. Together we can all make the world a safer place for children.

IDENTIFICATION AND REPORTING

Any staff that recognizes the signs and symptoms of reportable events related to abuse or neglect of a child enrolled in the program (i.e., observing the signs they were trained to identify) is required by law to report to the appropriate state agency. Staff do not need permission to report; in fact, staff are mandated reporters. As well, staff, consultants, contractors, and volunteers shall not maltreat or endanger the health or safety of children and should report reasonably suspected or known incidents of child abuse and neglect.



To learn about your state's laws regarding mandatory reporting of child abuse and neglect you can search the on-line state database on the website of the Child Welfare Information Gateway at www.childwelfare.gov/systemwide/laws_policies/state

Reportable situations include, but are not limited to:

- Signs of malnutrition.
- Poor hygiene.
- Unattended physical or medical problems.
- Unexplained bruises, burns, or welts or explanations that don't fit the injury.
- Child appears frightened of a parent or caregiver.
- Pain, bleeding, redness, or swelling in anal or genital area.
- Sexual play with toys, self, or others that is not age appropriate.
- Knowledge of sex that is not age appropriate.
- Extremes in behavior ranging from overly aggressive to overly passive.
- Delayed physical, emotional, or intellectual development.
- Abandonment of a child by a parent or guardian; or,
- Absence of proper parental control or subsistence, education, medical or other care of control necessary for the child's well-being.

Situations may occur in which a child protective services (CPS) worker or a law enforcement officer requests to remove a child from CDI HS premises without accompaniment or approval or knowledge by the child's parents or guardian. Some states permit this removal, while other states do not. Staff must follow the CDI HS policies and procedures when considering the release of a child to anyone not authorized on the child's emergency contact form.

SAFE SLEEP POLICY FOR INFANTS UP TO 12 MONTHS OF AGE

All staff, parents/guardians, volunteers and others approved to enter rooms where infants are cared for are made aware of and follow safe sleep practices for infants. Before the first day of employment or

volunteering, or substituting in the EHS classroom, staff must have training and orientation on safe sleep practices before they are allowed to care for infants.

CDI HS follows safe sleep practices for infants as recommended by the American Academy of Pediatrics (AAP). This includes:

- Always placing the baby on his or her back for every sleep time.
- Always use a firm sleep surface. Car seats and other sitting devices are not permitted for routine sleep.
- The baby will sleep in their own crib in the same room as other children.
- Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads.
- Wedges and positioners will not be used, unless required with medical documentation.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.

Teachers must always be able to observe sleeping infants by sight and sound at all times. A teacher who has been trained in safe sleep practices must be in the room at all times. This teacher will remain alert and actively supervise sleeping infants.

DIAPERING PROCEDURES

CDI HS staff must follow sanitation and hygiene procedures for diapering that adequately protect the health and safety of the children. The diapering area must be kept sanitary and free from clutter. Centers are designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities.

Staff follow the diapering procedures as posted at the diaper changing area. Programs must make plans to accommodate the special needs of older children who need diapering. Diapers and wipes are to be purchased by the program as part of the curriculum materials.

TOILETING PROCEDURES

Children are enrolled in the center-based program without regard to whether they have learned to use the toilet independently or not. We will change diapers and assist children in learning to use the toilet when they are ready. Accidents are to be expected. Children who are not yet ready, forget, and have accidents will never be made to feel ashamed.

Coordination between you and program staff around toilet learning is imperative. A conference between parents and teacher will be held to establish common goals and methods.

If your child is currently learning to use the potty, please dress your child in clothing that is easy to get on and off. Also, please provide a change of clothing just in case the need arises. We expect potty accidents to happen.



DID YOU KNOW? Child development specialists suggest that teaching a child how to use the toilet is best started sometime between 30 months (2 ½ years old) and 36 months (3 years old), and sometimes later, depending on the child. Earlier toilet learning is discouraged. Toilet learning is a developmental process not a disciplinary process. Children must be ready to participate if the process of toilet "learning" is to be a positive one. Otherwise, toilet "training" can be a battle of the wills and endless disciplining and disappointments. The purpose of toilet learning is to help children gain control of their body functions.

Adapted from Healthy Young Children, NAEYC #704 www.naeyc.org

HAND WASHING PROCEDURES WASHING



Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. Parents are encouraged to reinforce proper hand washing at home. Children, staff, and volunteers wash hands with soap and running

water when arriving each day and coming in from playing outdoors and before and after:

- Preparing food or beverages
- Eating, handling food, or feeding a child
- Brushing or helping a child brush teeth
- Giving medication or administering first aid for sores, cuts, or scrapes
- Playing in water
- Diapering

And after:

- Using the toilet or helping a child use a toilet
- Handling bodily fluid (nose blowing/wiping)
- Handling animals or cleaning up animal waste
- Playing in sand, on wooden play sets, and outdoors
- Cleaning or handling the garbage

EMERGENCY RESPONSE PLAN

Each CDI HS program has an Emergency Response Team (ERT) responsible for creating a program emergency preparedness plan/manual to be followed in the event of an emergency or major disaster (e.g. missing child, fire, earthquake). In the event of an emergency, either you or your emergency contact person(s) will be contacted immediately. In the event you or your emergency contact person cannot be reached, staff will follow program procedures until your child can be reunited with you.

Contact your program to learn more about the emergency preparedness and evacuation procedures they will follow in case of an emergency.

CDI HS holds monthly fire drills and posts evacuation plans. Please do not be alarmed if a fire drill occurs while you are in a classroom or at a socialization site. We suggest that families practice fire and other safety drills at home so that all family members are familiar with what to do in case of an emergency evacuation at home.

INCLEMENT WEATHER, DELAYS, EMERGENCY CLOSURES

CDI HS staff are to follow the decision of the local public school district in each community in determining school delays or closures for inclement weather (this may be different in different parts of the service area). Parents should listen for announcements from the public school district, knowing the CDI HS program will follow the local public school's decision regarding delays or closures for HS/EHS centers.

Other decisions regarding closure or early release may need to be made by the Program Director, based on circumstances that affect the center. The center supervisor, teachers and/or family services staff are to notify parents of the schedule change and work with them to insure the safe pick up and transportation of all children.

If a home visitor is not able to travel to a home visit due to weather conditions, he/she will notify you by phone, when possible, to let you know of the canceled home visit. As soon as it is apparent that the weather has created a dangerous driving situation, you will be notified by phone, when possible, that socialization will be canceled.

AUTHORIZED RELEASE OF CHILDREN PROCEDURE

Children will only be released to individuals designated on the emergency contact form that you complete in advance in person. There will be no exceptions. If you need to make changes to who these individuals are, this must be done by you in person by updating the emergency contact form and signing/initialing and dating the changes.

For your child's safety, if someone else is going to pick up your child, please contact us in advance and be sure the person is on your emergency contact form. This may not be done by phone, e-mail, text or fax because we cannot verify that it is actually you authorizing the pickup. Staff must check picture identification of any person authorized in writing by you to pick up your child until they become familiar with the person. If you did not previously indicate either on the emergency contact form or by presenting us with a written authorization in person, that this person was authorized to pick up your child, we will not release your child to that person. Staff must always ensure children are released to authorized adults and never left alone in the classroom or at a bus stop. Parents or other authorized adults must sign your child in and out of the center (with signature and time) and tell the appropriate staff member that the child is arriving and/or leaving.

All persons listed as an emergency contact must be at least 18 years of age. Only paid CDI HS staff are authorized to release children. These procedures must be followed for the safety of the children. All staff are responsible and liable for each child's safety from the time the child is received until she or he is released to his or her parent or other authorized adult.

NO SHOW OR LATE PICK UP

Picking up a child late is upsetting to your child and difficult for staff who have to stay after hours waiting for you.

BUS DROP OFF

If no one is at home or at the bus stop/drop off point to receive the child, the child is to remain on the bus and the bus driver and/or bus monitor are to call the center to alert them to the situation and then continue the bus route and drop off the remaining children. The center staff are to attempt to contact the parent and, if necessary, the other emergency contact numbers. The child is to be returned to the center where the center supervisor, family services staff, teacher, and/or Program Director are to continue to try to contact the parents and emergency contacts. The procedure for *Center Pick Up* below is to be followed if the parents or emergency contact individuals cannot be reached.

CENTER PICK UP

If your child is not picked up at the designated time, the center staff will first attempt to locate you and, if unsuccessful, they will attempt to contact your emergency contacts. If one hour after the closing time of the center, you or a designated emergency person have not contacted the center and staff have been unsuccessful in contacting you or your emergency contacts, your child will be released to the custody of the local police department or appropriate state agency (i.e. Child Protective Services). A sealed note will be left on the center and/or classroom door for the parents indicating to whom the child was released, where the child has been taken and what time.

CDI HS staff may not take a child to the child's home, a staff member's home, or drive children anywhere in a privately owned vehicle. The only exception to this policy may be when parents and staff members are trusted confidants or relatives and the staff person is designated in advance as an emergency contact. If the staff member agrees to be a designated emergency contact/authorized adult to whom the child can be released, and with approval of the Program Director, the staff member may drive or care for the child in an emergency. The addition of an employee as an emergency contact is to follow the same procedures as for others and other options should be considered first.

WRITTEN PACIFIER POLICY

If you have an infant in Early Head Start who uses a pacifier, the program will have a written policy for pacifier use that you can discuss with your child's teacher.

SMOKE FREE/SCENT FREE WORK ENVIRONMENT

For the health and protection of young children (many with allergies and respiratory challenges) smoking is not allowed on Head Start premises. Children should also be free from interactions with anyone carrying the odor of strong scents such as smoke and/or fragrances.

ANIMALS IN CLASSROOM AND AT SOCIALIZATION



Animals can play a valuable role in an early childhood program, providing a wide variety of learning experiences for children. The inclusion of animals will comply with all child care licensing requirements and state laws applicable to keeping animals in the classroom, outdoor play area, or socialization sites for children to engage with. Any health issues of children, and any other concerns of parents, will be addressed. The program is required to have an animal plan in place prior to allowing any animals in the classroom or socialization space.

FIELD TRIPS

Walking or strolling trips are less than one-quarter mile from the center. Parents sign permission at the time of enrollment to allow staff to take their children on walking or strolling trips from the center throughout the year. When leaving the building or playground, appropriate staff-child ratios are maintained, the supervisor knows the route the group will be taking, and a note is left for parents or visitors to the class informing them of what time they left and the expected return time.

All trips more than one-quarter mile distances from the center are considered “field trips” and parents’ signed permission is required in advance for each trip. Children must be provided with alternative activities if they are unable to participate in a field trip for any reason. Children are not to be excluded from field trips as ‘punishment’. If it has been determined that certain children are not to participate in a field trip, this has been discussed with the family at a family meeting and is mutually agreed to by parents that the child, for varied reasons, is not attending.

Parents and staff in the home-based program may also plan appropriate field trips or walking/strolling trips following the above guidelines.

OUTDOOR TIME

CDI HS views the outdoors as an extension of the classroom and a natural, nature-based setting in which learning and interaction can occur. Children will participate each day in the outdoor learning environment. Please dress your child for outdoor play and supply appropriate clothing and shoes for the season, allowing for weather conditions. Please dress your child in “play clothes”, so he/she may enjoy the time outdoors and your child’s teacher can relax knowing that you won’t be upset when they get dirty.

If children are well enough to come to the program, they are considered well enough to go outdoors. If children are dressed properly, moderate weather conditions should not pose a health or safety risk. Staff are to listen to and/or review weather and environmental reports and be aware of conditions to determine if there is a health or safety concern (e.g., approaching storm, lightning, wind-chill, heat index, or air quality) that would keep them indoors. Some children (e.g., a child with exercise- or cold-induced asthma) may have different needs in terms of outdoor activities. Please discuss your child’s needs with the staff so your child may enjoy outside time.



DID YOU KNOW? Many children are not getting to explore the out-of-doors to such an extent that one author has coined the term “nature-deficit disorder.” [Richard Louv, *Last Child In The Woods: Saving Our Children From Nature-Deficit Disorder*, 2005] “...the lack of nature in the lives [of children] links directly to disturbing childhood trends such as obesity, ADD, and depression. Environmental-based education [aka nature-based play] dramatically improves standardized test scores and grade point averages and develops skills in problem-solving, critical thinking, and decision making. Even creativity is stimulated by childhood experiences in nature.”

In the home-based program, home visitors and parents will create a balance of indoor and outdoor learning experiences for children during home visits and socializations. The outdoor setting should be viewed as a natural setting in which learning and interaction can occur. When outdoor activities are planned, staff and parents are expected to be outside with the children to facilitate the learning process and environment in the same manner as indoors.

PARENT ENGAGEMENT AND FAMILY SERVICES

CDI HS provides family engagement opportunities and services to parents by:

- Recognizing parents are their child's primary teachers and nurturers. Program staff provide activities and support strategies that engage parents in all aspects of their child's learning and development to enhance parent-child relationships, including strategies for father engagement.
- Developing relationships with parents by being non-judgmental, keeping commitments, and encouraging trust through open, honest, two-way communication. Programs create environments which enable parents of all cultural, ethnic, and linguistic backgrounds to feel safe and always welcomed.
- Collaborating with families in a family partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability.
- Providing parents with opportunities to participate in the program as employees or volunteers. Volunteer training is provided. All CDI HS job vacancies are posted in the parent area of each center and all qualified parents are encouraged to apply. Families are invited to volunteer in their child's classroom, talk with staff, and gain a deeper understanding of their child's development and the services offered by the program.
- Conducting family engagement services in the family's preferred language, or through an interpreter, to the extent possible. Ensure families have the opportunity to share personal information in an environment in which they feel safe and confidentiality is kept; and,
- Communicating between teachers, home visitors, and family support staff for coordinated, integrated, and effective family engagement services. Staff ensure confidentiality of family information as they work together to support children and families in the classroom, home, and community.

PARENT ACTIVITIES FOR CHILD LEARNING AND DEVELOPMENT

In an effort to share the responsibility with parents regarding their children's learning and development, CDI Head Start programs offer family engagement strategies that foster parent's confidence and help develop the skills needed to promote their child's learning and development. Strategies that support parent-child relationships and child development include:

- Providing parents with information about the importance of their child's regular attendance and with them, as necessary, to promote consistent attendance.
- Providing information and resources for dual language learners about the benefits of bilingualism and biliteracy.
- Providing opportunities for parents to provide feedback on curricula and instructional materials.
- Encouraging parents to participate in parent-education opportunities, which raise awareness of their child's learning and development and strengthens parenting skills.

INDIVIDUALIZED FAMILY PARTNERSHIP PROCESS

The family partnership process is a wonderful opportunity for parents and it begins when the program staff first meet with the family during the application process and continues as long as the family is in the program. Family service staff invite parents to assess any family needs by completing the Family Outcomes in ChildPlus, developing family goals within the family partnership process, and developing a family partnership agreement. These tools identify the family's needs, interests, strengths and aspirations as related to the family engagement outcomes as described in the *Head Start Parent Family and Community Engagement Framework*

(<https://headstart.gov/program-planning/foundations-excellence/family-community-engagement-program-goals-outcomes>)and as listed below:

- Family Well-being
- Positive Parent-Child Relationships
- Families as Lifelong Educators
- Families as Learners
- Family Engagement in Transitions
- Family Connections to Peers and the Local Community

- Families as Advocates and Leaders

Parents and family service staff or home visitors discuss the outcomes the family is working toward, the progress they are making, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary. Staff will work with parents to coordinate with any other agencies or plans the family might have.

COMMUNITY PARTNERSHIP AND COORDINATION

CDI HS establishes ongoing collaborative relationships with local community organizations that are responsive to the needs of children and families and family partnership goals. CDI HS also provides information and referrals to families for these community resources.

FAMILY-STAFF RELATIONS AND COMMUNICATION

CDI HS believes parents are the most significant adults in a child's life. We strive to create mutual respect between parents and staff and to develop a partnership for the benefit of the child.

We ask that you tell your child's teacher about any unusual behavior or incident that may have occurred with your child at home so that teachers can take care of your child in the best way possible. Please also share your observations of your child's development with the teachers as well as the positive impacts the program is having on your child and family.

Please be aware of the following opportunities which will strengthen your relationship with program staff and support your child's progress:

- Centers are open to families during all business hours.
- Families may expect cheerful greetings from classroom staff and bus drivers and monitors on a daily basis, as well as an attentive ear to specific concerns and instructions.
- Parents will want to communicate with program staff to let them know when their child will not be able to attend class or when they are available or need to cancel home visits.
- Staff-parent conferences, home visits, or family meetings and activities.
- Notes and information about your child from program staff (e.g., the EHS daily record, incident reports, events of the day).
- Regular contact with staff during drop off and pick up times, home visits, and socializations.
- Home activities that are sent home from the classroom teacher or planned with the home visitor to help parents reinforce concepts and skills.
- Bulletin boards and newsletters are important sources of center and program-wide information for parents
- Requests for assistance or information can be shared verbally or in writing.
- Formal complaints should be made in writing. All such matters will be followed up in writing in a timely manner by the appropriate staff member.
- Out of respect for the parents' role during home visits, socializations and activities with the child and family at the center, parents will be the child's primary contact person. Staff will facilitate interactions between the parent and child rather than a staff member and child.

WHAT DO YOU NEED TO BRING? (OR NOT)

A CHANGE OF CLOTHES. You are asked to provide a clean change of clothing to be kept at the center at all times and exchange clothes as the seasons change so that children are appropriately dressed. When a child wears home the change of clothing left at the center, please provide the center with another set of clothing as soon as possible.

Each Head Start child will be provided with his/her own clean bed linen, a sheet, towel, or small blanket identified with your child's name to place on his or her cot/mat for daily rest time for those centers that schedule this. Linen is to be laundered at least weekly and more frequently as needed. The decision of who provides and launders the linens will depend upon the program option, resources available to the program and resources available to parents.

Children may bring a comforting toy and other personal items to school if they wish. They may be asked to keep the item in their cubby during certain activities. However, CDI HS is not responsible for theft, loss, or damage. Toy guns or other weapons are not offered as play options and should not be brought to class. Material that is violent, sexually explicit, stereotyped, presents a hazard (such as choking) to the child's safety or otherwise inappropriate for children is also not allowed. Please do

not allow your child to bring these types of items.

Please do not bring food, candy, balloons, or gifts for your child's birthday or any other occasion. All classroom materials will be supplied by the program to ensure an enriching experience for all the children in the class.

ADDITIONAL SERVICES FOR CHILDREN WITH DISABILITIES

Program staff will work closely with you to make sure your child receives all program services. The program staff will also work closely with the local agency responsible for implementing IDEA and you, and other service partners, as appropriate, to ensure:

- Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP.
- Children are working towards the goals in their IFSP or IEP.
- Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists.
- IFSPs and IEPs are being reviewed and revised, as required by IDEA; and,
- Services are provided in a child's regular Early Head Start or Head Start Preschool classroom or family child care home to the greatest extent possible (rather than "pull-out").

Program staff will support you as you advocate for services to meet your child's needs. Staff will provide information to help parents understand their child's disability and how best to support the child's development. Staff also assist parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.

CDI Head Start staff also help parents to:

- Understand the referral, evaluation, and service timelines required under IDEA.
- Actively participate in the eligibility process and IFSP or IEP development process with the local IDEA agency, including informing parents of their right to invite the Head Start program to participate in all meetings.
- Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,
- Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.

TRANSITION SERVICES

CHILD/FAMILY ORIENTATION AND PHASE-IN

In order to ensure a successful transition into Head Start Preschool or Early Head Start, parents are asked to participate in an orientation and phase-in as their child begins the program. A thoughtful, individualized transition into the classroom helps provide a trusting, secure relationship for the parent, child, and classroom staff. Orientations are conducted to familiarize parents with the program's various services. Phase-in is held during the first week to orient and familiarize the child and parent to the classroom and the teachers.

TRANSITIONS

Transitions out of Early Head Start or Head Start Preschool require thoughtful planning and preparation for the benefit of both your child and you. We do all we can to empower you to be involved, make decisions, and advocate for your child when entering CDI HS and during transitions. When children transition out of Early Head Start, we collaborate with local Head Start Preschools and other child development programs. Furthermore, when children transition out of Head Start Preschool, we collaborate with state departments of education and kindergarten teachers to implement strategies and activities that will promote successful transitions to kindergarten for children, their families, and the elementary school.

In order to provide the most appropriate placement and services following Early Head Start participation, staff will help you with transition planning. At least six months prior to your child's third birthday, parents and staff will develop an individualized written transition plan. Children must transition out of Early Head Start as close to the child's third birthday as possible.

To ensure successful transition to kindergarten the CDI HS program staff collaborate with parents to:

- Make sure parents understand their child's progress during Head Start.
- Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child.
- Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and,
- Assist parents in ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children's education.

A program that does not operate during the summer must collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and work with parents and school districts to enroll children in such programs, as appropriate.

The program must implement strategies and activities in the Head Start learning environment that promote successful transitions to kindergarten for enrolled children. This must include, at a minimum, approaches that familiarize children with the transition to kindergarten and foster confidence about such a transition.

TRANSITION FOR CHILDREN WITH DISABILITIES

The program will work closely with the parents, the local agency responsible for implementing IDEA, and other service partners, as appropriate, to implement transition services that include at a minimum:

- For children with an IFSP transitioning out of Early Head Start, ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,
- For children with an IEP who are transitioning out of Head Start Preschool to kindergarten, ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.



SERVICES TO ENROLLED PREGNANT WOMEN

The purpose of services to pregnant women is to promote healthy prenatal outcomes, beginning as early in the pregnancy as possible, to enhance the development of very young children (birth to age three), and promote healthy family functioning.

If you are enrolled during pregnancy, the CDI HS staff working with you must, within 30 days of enrollment, determine if you have an ongoing source of continuous, accessible health care (provided by a health care professional that maintains your ongoing health record and is not primarily a source of emergency or urgent care) and if you have health insurance. If you do not, then staff must, as quickly as possible, facilitate your access to health care and insurance.

CDI HS staff facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include:

- nutritional counseling
- food assistance
- oral health care
- mental health services
- substance abuse prevention and treatment
- emergency shelter or transitional housing in cases of domestic violence

Newborn visits must be provided to each mother and baby to offer support and identify family needs. The newborn visit must be scheduled within two weeks after the infant's birth.

PRENATAL AND POSTPARTUM INFORMATION, EDUCATION, AND SERVICES

CDI HS staff will ensure that the expectant family is provided information, education, and services, as appropriate. This will include the enrolled pregnant women, fathers, and partners or other relevant family members. Some information may be offered by the mother's healthcare providers or other agency providers such as WIC. However, staff will document all information received and from whom to include (but not limited to) the following.:

- importance of nutrition
- risks of alcohol, drugs, and smoking
- labor and delivery
- postpartum recovery
- parental depression
- infant care
- safe sleep practices
- benefits of breastfeeding

The program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.

FAMILY PARTNERSHIP SERVICES FOR ENROLLED PREGNANT WOMEN

Pregnant women and other relevant family members are engaged by CDI HS staff in family partnership services with a specific focus on the factors that influence prenatal and postpartum maternal and infant health.

The program is required to provide contacts with each pregnant woman by partnering with her to agree on how, when, and where contacts will be made and document this information in the mother's file.

After the baby is born and ready to begin education and child development services, the family advocate enrolls the baby into a specific program option. For CDI HS programs, the baby's enrollment begins after the mother's sixth postpartum week. This date determines the baby's 30/40/90-day deadlines for health.

CDI HS staff discuss program options and plans for the infant regarding transition to program enrollment and support for the family during the transition process, as appropriate. If you choose to enroll the baby in one of the program options (center-based, home-based, or family child care) the staff will assist you with the necessary documentation.

PROTECTIONS FOR PRIVACY OF CHILD RECORDS

CONFIDENTIALITY PROCEDURES FOR CHILD RECORDS

CDI Head Start programs must protect the confidentiality of any personally identifiable information (PII) in child records. A confidential, individual file for each child or pregnant woman (referred to as child file in this section) in CDI HS programs is maintained in accordance with state and federal laws and regulations and information in those files is released only in accordance with those laws and regulations. In accordance with applicable federal regulations, Head Start child files are held in trust for the benefit of the children and families receiving services from the program and will follow the child from the prior grantee to CDI HS as of the first day of CDI HS operations to ensure uninterrupted services for the child and family. Included in these files are a number of signed consent/authorization forms, which may include the following:

- Emergency Contact Information
- Emergency Medical Treatment/Transportation Authorization
- Medication Authorization (when applicable)
- Individual health care and nutrition plan (when applicable) – must be complete and in place before child attends school
- Consent for other services and permissions such as developmental screening and assessment
- Consent for sharing of confidential information with a third party
- Transportation Services (where applicable)

Note: Consent for Sharing Child or Family Information

At certain times, programs may need to request or release information to a third-party entity. When doing so, programs are required to have written parental consent when sharing personally identifiable information or confidential information. CDI utilizes the Consent for Sharing Child or Family Information form (Doc. #1067). The use of the form may vary by situation such as obtaining or releasing medical information or obtaining or releasing educational information to the local school district. Once the document is signed it is valid while the child is enrolled in the HS program. However, we must inform parents/guardians that the document can be revoked by them at any time.

Parental written consent for sharing information with a third party must:

- Be signed and dated
 - Indicate parent's approval
 - Specify which records or information may be disclosed
 - Explains why the records will be disclosed
 - Identifies the party or class of parties to whom the records may be disclosed
- Once completed, a copy is placed in the child's file (or pregnant woman's file) and a copy is sent to the third party, as appropriate. (Blank forms should not be put in the file.) The form can only be used for sharing information with one person/agency per form.

As part of CDI HS startup activities (i.e., during the transition from the prior grantee to CDI HS) parents will receive and return the Parent Transfer of Consent Form. This Transfer of Consent Form, once signed, authorizes a transfer and assignment of all current authorizations (originally provided to the prior grantee) by parents/guardians for their child to CDI HS. This helps to ensure that CDI HS has the necessary permissions to provide services to enrolled children immediately. We must have one form per child, so if a parent has multiple children in the program, each child needs a separate signed form.

Prior to, or during the CDI HS "Startup" period (during the transition from the prior grantee to CDI HS) this form is provided to parents of currently enrolled children as soon as possible. For example, the form may be distributed by local program staff before Startup begins or before or at the same time as the letter to parents regarding the CDI HS service start date. Whenever possible, the form should be signed/returned prior to the first day a child attends HS/EHS under CDI HS management. Although no child will be turned away or excluded from services on the basis of an incomplete or unsigned form – the form should be signed on the first day the child attends, in order to ensure proper treatment, placement, and care of the child. This form shall serve as an acknowledgement and agreement to the transfer and assignment of all consents or authorizations, including without limitation the items identified above, to CDI HS, as though they were originally granted to CDI HS. By signing the form, parents authorize CDI HS to provide Head Start services to their child according to the existing consents and authorizations.

The NIM Site Manager will communicate with program staff about ensuring that this form is filed in the child's file when signed and returned by the parent. Once signed, this form will continue as the authorization for all current/complete consents for these children until, at the latest, the annual required update for authorizations occurs. As part of CDI HS startup timeframe, CDI HS will complete a review of each child file, and may request additional or updated consents or authorizations from currently enrolled families as well as ensuring necessary CDI HS consent forms are available for new enrollees as soon as possible.

When a CDI HS program transitions to a new, replacement grantee and enrolled children remain in the program served by the replacement grantee, parental consent for the transfer and release of all child and family records is not required as per OHS determination. Children moving from CDI HS to another program (i.e., a different HS/EHS program or early care and education program, or for any other additional service) require parental consent for the release of records.

Only authorized persons are permitted to view children's records or files. CDI HS internal audit teams, state child care licensing agencies, and Head Start federal review teams are the only outside agencies, individuals or groups allowed to review records without a consent form signed by the parent or guardian. Anyone reviewing a record or file must sign a third-party access form as it is a record of all parties reviewing records. The main custodian of the file (a CDI HS staff member assigned responsibility for child files) who may repeatedly review a child's file during a one-day period, must sign the third party access form during the first review of records that day but is not required to sign the form later within the same day.

The program must only disclose information from a child file that is deemed necessary for the purpose of the disclosure. The procedures to follow for different circumstances for disclosure are

detailed below.

CDI Head Start programs serve children who are eligible for services under IDEA and therefore must comply with the applicable confidentiality provisions in Part B or Part C of IDEA. See this website for more information: [Family Educational Rights and Privacy Act \(FERPA\) and Part B or C of IDEA Confidentiality Provisions](#)

DISCLOSURES WITH PARENTAL CONSENT

Parent written consent is required before the program may disclose PII from child records. The written consent must:

- Specify what child records may be disclosed.
- Explain why the record will be disclosed.
- Identify the party or class of parties to whom the records may be disclosed; and,
- The written consent must be “signed and dated” which may include a record and signature in electronic form that:
 - Identifies and authenticates a particular person as the source of the electronic consent; and,
 - Indicates such person’s approval of the information.
- The parent must be informed that the granting of consent is voluntary on the part of the parent and may be revoked at any time. A revocation is not retroactive and does not apply to an action that occurred before the consent was revoked.

DISCLOSURE WITHOUT CONSENT BUT WITH NOTICE

The program may disclose such PII from child records without parental consent if the program notifies the parent about the disclosure, provides the parent, upon the parent’s request, a copy of the PII from the child records to be disclosed in advance, and gives the parent an opportunity to challenge and refuse disclosure of the information in the records, before the program forwards the records to officials at a program, school, or school district in which the child seeks or intends to enroll or where the child is already enrolled as long as the disclosure is related to the child’s enrollment or transfer.

DISCLOSURE WITHOUT PARENTAL CONSENT

The program may disclose such PII without parental consent to:

- Officials within the program or acting for the program such as contractors, if the official provides services for which the program would otherwise use employees, is necessary for Head Start services, and the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement.
- Officials within the program, acting for the program, or from a federal or state entity, in connection with an audit or evaluation of education or child development program, or for enforcement of or compliance with federal legal requirements of the program, or to conduct a study to improve child and family outcomes, including improving the quality of the program, for or on behalf of the program; provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure.
- Appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as a serious food allergy, if the program determines that disclosing the PII from child records is necessary to protect the health or safety of children or other persons.
- Comply with a judicial order or lawfully issued subpoena, provided the program makes a reasonable effort to notify the parent about all such subpoenas and court orders in advance of the compliance therewith.
- The Secretary of Agriculture or an authorized representative from the Food and Nutrition Service to conduct program monitoring, evaluations, and performance measurements for the Child and Adult Care Food Program (CACFP), if the results will be reported in an aggregate form that does not identify any individual, and must be destroyed when the data are no longer needed.
- A caseworker or other representative from a state, local, or tribal child welfare agency, who has the right to access a case plan for a child who is in foster care placement, when such agency is legally responsible for the child’s care and protection under state or tribal law, if the agency agrees in writing to protect PII, to use information from the child’s case plan for specific purposes intended of addressing the child’s needs, and to destroy information that is no longer needed for those purposes; and,

- Appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local, and tribal laws on reporting child abuse and neglect.

WRITTEN AGREEMENTS

When the program establishes a written agreement with a third party, the procedures to protect such PII must be reviewed annually and, if necessary, update the agreement. If the third party violates the agreement, then the program may:

- Provide the third party with an opportunity to self-correct; or,
- Prohibit the third-party form access to records for a set period of time as established by the programs governing body and policy council.

ANNUAL NOTICE

The programs must annually notify the parents in the program in writing of their rights including the types of PII that may be disclosed, to whom the PII may be disclosed, and what may constitute a necessary reason for the disclosure without parental consent as described in this section. This information is contained in this CDI HS Family Handbook and the acknowledgement page of the CDI HS Family Handbook must be signed by the parent annually and kept in the child file.

PARENTAL RIGHTS

The parent or legal guardian has the authority to inspect and review records and sign documents relating to his or her child's Head Start services unless CDI HS has been advised that the parent does not have the authority under applicable state or federal law governing such matters as guardianship, separation, custody, or divorce (e.g., court order, state statute, other legally binding document). In a situation where parents are not living together, either parent having not been legally barred may request access to the child's file. Contact the NIM Site Manager for clarification on specific issues or questions related to who may sign HS documents.

- Parents and legal guardians have the right to inspect their child's records.
- If the parent requests to inspect child records, the program must make the child records available within a reasonable time, but no more than 45 days after receipt of request.
- If a program maintains child records that contain information on more than one child, the program must ensure the parent only inspects information that pertains to the parent's child.
- Inspection and review are to be conducted during normal working hours and the custodian of the file is to be present.
- The program shall not destroy a child record with an outstanding request to inspect and review the record under this section.
- Right to copy of record. The program must provide a parent, free of charge, an initial copy of child records disclosed to third parties with parental consent, and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoena, its contents, nor the information furnished in response be disclosed.
- Right to inspect written agreements. A parent has the right to review any written agreements with third parties.
- All records are to remain within the program. Parents (with children currently enrolled or those with children no longer enrolled in the program) wishing to make copies of any records in their child's file for themselves or for a third party may request access to copies. For parents with currently enrolled children there is no charge (budget allowing) and for parents with children no longer enrolled there may be a charge for copies based on the cost to the program.
- If after inspection and review, the parent/guardian is not in agreement with information maintained in their child's file or believes it is inaccurate, misleading, or violates the child's privacy, she or he may make a request to the program to amend the information. The program must consider the parent's request and, if the request is denied, render a written decision to the parent within a reasonable time that informs the parent of the right to a hearing.
- If the parent requests a hearing to challenge information in the child record, the Program Director and NIM Site Manager must be contacted, and they will counsel with the program's legal specialist to ensure proper procedures are followed.

MAINTAINING RECORDS

The CDI HS child master file (or files for pregnant women) is maintained as a continuous record for each child/family served. Files are located in locked filing cabinets at a secure location. Information is also contained in a master database with assigned access. The program must ensure web-based

data systems are adequately protected and maintained according to current industry security standards. Entries into the record are kept as follows:

- Information is contained in the file as outlined in a child file checklist and is organized in an appropriate manner.
- Active files are to be maintained in alphabetical order by program year, and are to be secured and maintained for the required number of years (Use CDI HS Document Retention Schedule for specifics).
- All files are to be kept current by the family services staff assigned to the child/family.
- Entries into the child master file are to be dated, legible, clear, concise, complete, timely and written in ink.
- All entries are to be signed or initialed and dated by the appropriate individual.
- White-out is not to be used. Any strikeouts or cross-outs used must be initialed and dated.
- Files are to be "signed out and signed in" by the responsible CDI HS staff member whenever removed from the cabinet or file drawer to assure that the location of the records is known at all times. Files are to be removed from the center only with prior authorization by the center supervisor or Program Director. Only authorized staff have access to the files.

The contents of all active master files are to be reviewed periodically by the family services staff. The staff member responsible for family services is to conduct a quarterly file review on a minimum of 10% of each family services staff person's caseload as a method of assuring quality and improving performance as may be needed.

The program must maintain, with the child records, for as long as the records are maintained, information on all individuals, agencies, or organizations to whom a disclosure of PII from the child records was made (except for program officials and parents) and why the disclosure was made.

If a parent places a statement in the child record, the program must maintain the statement with the contested part of the child record for as long as the program maintains the record and, disclose the statement whenever it discloses the portion of the child record to which the statement relates.

FILE RETENTION

The program must maintain, with the child records, for as long as the records are maintained, information on all individuals, agencies, or organizations to whom a disclosure of PII from the child records was made (except for program officials and parents) and why the disclosure was made.

When a CDI HS child's file becomes inactive through disenrollment or transition out of the program, the file is to be given to the center supervisor or home-based manager/supervisor for processing. All follow-up activity is to be completed and the child and family are discharged from the CDI HS tracking system.

Inactive files are to be maintained in alphabetical order by program year in a secure central location. Inactive files remain with the Head Start program files upon transition to replacement grantee/awardee (preferred) or sent to Denver and maintained as per the CDI HS Document Retention Schedule, and in accordance with federal, state, local, and/or tribal laws.

VIDEOTAPING OR PHOTOGRAPHING OF CHILDREN

Teachers and other CDI HS staff may occasionally want to take photographs of your child and your family for program use (e.g., for classroom or center displays, newsletters). You and your child will not be videotaped, audiotaped and/or photographed without your written consent.

DECLINING OR REFUSING SERVICES

In the event you wish to refuse any services, after staff has explained the benefits of those services, you may be asked to sign documentation of your refusal or staff will document in your child's file your verbal refusal. Staff will always try to share with you any services that will be of benefit to your child and family.

TRANSPORTATION FOR CENTER-BASED PROGRAMS

Not all programs provide transportation and those that do may only provide it for a portion of the children. When transportation is provided, determination of who will receive those services is made using an application and ranking criteria.

The rest of this section is relevant only if your child is provided with transportation by CDI HS.

A program must ensure children who receive transportation services are taught safe riding practices, safety procedures for boarding and leaving the vehicle and for crossing the street to and from the vehicle at stops, recognition of the danger zones around the vehicle, and emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding. This training should occur prior to the first emergency evacuation drill which occurs during the first 30 days.

Your signed transportation agreement indicates that you agree to CDI HS bus rules and regulations. It is especially important to know that children will only be released by the bus driver or monitor to a parent, legal guardian, or other individual that you identify in writing in advance on the CDI HS form.

If no one is at home or at the bus stop/drop-off point to receive your child, your child remains on the bus and the bus driver/monitor will call the center to alert staff to the situation and then continue the bus route. The center staff will attempt to contact you and/or your emergency contacts and follow the procedures for "Late Pickup."

CDI HS provides transportation services to Early Head Start infants and toddlers only when the child is accompanied by his/her parent/guardian, except in programs serving migrant and seasonal farm workers.

CDI HS staff are not to take a child to the child's home, a staff member's home, or drive children anywhere in a privately owned vehicle. The only exception to this policy is if the staff member is a personal family member or friend and agrees to be a designated emergency contact, and with approval of the Program Director, is listed on the emergency contact form. Other individuals should be considered before adding an employee as an emergency contact to minimize possible impact on program operations.

PARENT AND COMMUNITY VOLUNTEERS



PARENTS

All parents are encouraged to become fully engaged in the program in a variety of ways. For instance, you may:

- *Observe* your child's classroom at any time.
- *Have input* into your child's daily experience by identifying specific goals and objectives for your children.
- *Volunteer* in the classroom or in other parts of the program *Encourage friends and other family members* to share their time and talents and get work experience by volunteering in the program.

Parents are always welcome in CDI HS classrooms. By visiting and volunteering, you can gain a deeper understanding of your child and the Head Start program, gain many new experiences, and give something back to the program. When parents volunteer, their time may be counted as part of the local "match" or "in-kind donation" required by programs that receive federal funding to run the program.

PARENTS AND COMMUNITY MEMBERS AS VOLUNTEERS

Come and join us in the classroom; read, sing, dance, play games, write children's words, and share cultural experiences with children. Volunteer to make classroom resources at home, assist with a field trip or set up the outdoor play space; work on your classroom or center newsletter, help in the office, fix toys or equipment, or just talk with us about what you enjoy doing and we will find a place for you as a CDI HS volunteer!

A *CDI HS Volunteer Handbook* with important information for all volunteers is available. All volunteers must attend a training session before assisting in classrooms. For more information about volunteering, contact your center supervisor, your child's teacher, or the staff person responsible for the family and community partnerships service area.

BENEFITS OF VOLUNTEERING

The benefits of volunteering in the program are many.

- Research shows that parent involvement in their child's education and school has a positive impact on children's success in school.

- You will have fun and make friends.
- You will gain knowledge about child development.
- You will gain experience that you can include in your resume and may be useful in your current job or in getting a new or different job.
- If you are considering a career in early childhood education, human services, health or nutrition, office work, maintenance or many other areas that are part of Head Start services, you can “try out” that career and see if you enjoy it, while gaining valuable experience.
- Parents who meet the minimum job qualifications are given preferential consideration for employment in the program.

WAYS PARENTS AND COMMUNITY MEMBERS CAN VOLUNTEER

- Accompany children on field trips.
- Volunteer in the classroom.
- Work in the office.
- Carry out tasks for the program at home, such as: making items for the classroom, mending equipment, and creating classroom resources.
- Help with outdoor maintenance or development such as creating nature-based play area on playground, building, and gardening.
- Work on a program newsletter or website.

CONDUCT IN THE CLASSROOM

All classroom volunteers, including parents, are expected to follow program standards and policies. Volunteers in CDI HS classrooms will:

- Receive assignments and direction from CDI HS staff.
- Follow through with assigned activities or projects.
- Support classroom activities.
- Interact in a positive and professional way with staff, children, and other volunteers.
- Defer to CDI HS staff in all matters concerning child guidance and discipline.
- Maintain absolute confidentiality - staff and volunteers strictly adhere to program confidentiality policies.
- Focus on children and facilitate their activities.
- Keep adult conversations to a minimum and be focused on supporting the children.
- Follow CDI HS behavior guidelines for public behavior. Drug, alcohol and tobacco use, swearing, threatening, shouting, fighting, and firearms are all examples of CDI HS behavior guideline prohibitions.
- Express any concerns in private – never in the classroom- to the staff member who has the ability to address your concern.
- Follow the guidance and discipline policies.
- Take opportunities to talk with the teacher outside of class time to discuss any concerns you might have about center policies, child development, or guidance and discipline.

COMPLIMENT AND COMPLAINT POLICY AND PROCEDURE

CDI HS is open to hearing your positive feedback and suggestions. We also want to be sure that we respond to any concerns or complaints that you may have about any part of the program.

COMPLIMENTS

Any time you see something you like and you would like staff to continue or repeat, please let them know. You can share this information with staff or volunteers verbally or in writing.



Attached is a sample parent compliment form (see page 48) that you can use to formally provide written positive feedback to the program or individual staff members. Copies of the form are available in your local program.

COMPLAINTS

We are committed to working closely with you to create a positive learning experience for your child. If you are dissatisfied with any part of the program, please have a conversation first with your child's teacher, family service staff, or home visitor. Hopefully, together we can resolve the issue just by talking about it openly, courteously and respectfully. The following information outlines our parent/community complaint procedure.

PARENT/COMMUNITY COMPLAINT POLICY AND PROCEDURE

CDI HS promotes the philosophy that the individuals involved in a complaint should make every effort to resolve issues between themselves as the first step in any disagreement, misunderstanding or complaint. Regardless of the origin of the complaint, whether in the community at-large, a parent meeting, the bus stop, or the center, the following procedure will be utilized to resolve the issue at the earliest possible opportunity at the lowest possible level.

IF A COMPLAINT CONCERNS THE IMMEDIATE SAFETY OF CHILDREN, OR A SPECIFIC CHILD, THE NIM SITE MANAGER AND NIM PROJECT DIRECTOR MUST BE NOTIFIED IMMEDIATELY.

Step One

Step One: The person(s) with the concern should discuss the concern with the person(s) involved.

The individuals involved should meet informally and make every effort to resolve the issue together immediately. If the issue is not resolved through conversation, the employee [or contractor], should provide the person(s) with a concern, the work contact information for his/her direct supervisor and notify the supervisor of the unresolved concern.

Step Two

Step Two: The person(s) with the concern should discuss the concern with the person's supervisor.

The person(s) with the concern should contact the responsible supervisor to discuss the issue. The supervisor will listen to the concern and as appropriate, engage the person(s) with the concern with the employee(s) involved, other program staff or contractors to resolve the issue through conversation.

Step Three (when the issue has not been resolved during step one or two)

Step Three: The person(s) with the concern will submit a written complaint to the supervisor's manager/administrator and Program Director.

If the person(s) with the concern does not believe that the issue has been resolved following a conversation with the supervisor, a written complaint should be submitted to the supervisor's administrator/manager and Program Director using complaint form on page 53 or the following website: <https://ohsim.org/parents/>. The person(s) making the complaint is free to ask for assistance in writing down the complaint, if needed. The written complaint should be factual, free of opinion and focus on what happened. The supervisor receiving the written complaint then submits a copy of the complaint to their manager/administrator and Program Director or designee immediately upon receipt. The Program Director should immediately notify the NIM Site Manager.

Step Four

Step Four: The manager/administrator or Program Director who receive the complaint meets with the person(s) making the complaint to facilitate resolution to the concern. The Program Director will include the NIM Site Manager at his/her request.

The responsible supervisor will contact the person(s) making the complaint within one working day and set the date, time, and location for the face-to-face meeting. The supervisor and other program employees/contractors will be invited to participate as appropriate.

The goal of the face-to-face meeting is to restate the concern/complaint and create an acceptable resolution to the concern whenever possible. The manager/administrator or Program Director will facilitate the meeting and ensure that each person's point is heard and respected. The group will determine one of the following next steps:

- It may be decided that no further action is needed if the discussion resolves the issue.
- It may be determined at the meeting that more information is needed; if so, the meeting will be rescheduled.
- A resolution is not reached.
- An action plan with target dates and persons responsible may be developed and that is acceptable to all parties.
 - The action plan is then implemented.
 - If a change in procedure is recommended, the Program Director will take the issue to

- the NIM Site Manager, stating the recommendations for his/her approval. If approved, the issue is resolved. If not approved, see Step Five.
- If the action plan includes information that must be shared with all staff at the center level, this will be done at the next scheduled staff meeting. Administrative staff will be notified of this action.
- If the person with the complaint does not attend the meeting as scheduled or rescheduled, the Program Director will send a letter to the person with the resolution within five days.

Step Five (If the face-to-face meeting does not result in resolution or an agreed upon plan of if the NIM Site Manager does not approve the changes in procedure, the issue will remain unresolved.)
Step Five: involves the NIM Site Manager and the NIM Lead Site Manager in the process.

The NIM Site Manager and NIM Lead Site Manager together will address and work to resolve the complaint. If they are unable to resolve the complaint, the complaint will be forwarded to the NIM Project Director.

Step Six

Step Six: involves the NIM Project Director

The NIM Project Director will address the complaint until resolved.

The decision of the NIM Project Director is considered final and is the final step of this procedure.

i See the parent complaint form sample on page 49. Please use this method to address a complaint only after you have tried to have the conversations with appropriate staff members as described above. Copies of the form are available in your local program.

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CODE OF CONDUCT FOR HEAD START PARENTS AND VISITORS

CDI Head Start (including all program options: Early Head Start, Head Start Preschool, Child Care, Home-based, etc.) has a zero tolerance policy towards any type of threatening or aggressive behavior at any site operated by CDI Head Start or any event related to CDI Head Start services. This Code of Conduct applies to staff, parents, unenrolled children, visitors, contractors, and any other person visiting CDI Head Start premises or attending a CDI Head Start event.

Appropriate Conduct:

- Interact in a positive and professional way with staff, children, and other volunteers.
- Defer to CDI HS staff in all matters concerning child guidance and discipline.
- Maintain confidentiality.
- Focus on children and facilitate their activities.
- Keep adult conversations to a minimum when in the classroom or at child events.
- Stay focused on supporting the children and the classroom activities.
- Follow the guidance and discipline policies.
- Take opportunities to talk with the teacher outside of class time to calmly discuss any concerns you might have about center policies, child development, or guidance and discipline.
- When volunteering in a center, receive assignments and direction from CDI HS staff. Follow through with assigned activities or projects.
- Follow program standards and policies, including those regarding reporting child abuse and neglect.

Unacceptable Behaviors:

The following **will not be tolerated at CDI Head Start** (or via any forms of communication with our CDI HS program):

- Verbal intimidation – for example shouting or making threats.
- Any type of profanity or foul language.
- Verbal abuse - for example speaking rudely, casting insults, or making negative personal comments.
- Threats to cause physical harm, now or later.
- Fighting, or requests/demands to fight.
- Drug, alcohol, or tobacco use or being under the influence of drugs or alcohol.
- Bringing weapons onto Head Start property or events.
- Brandishing a weapon, referring to a weapon, or threatening to use a weapon.
- Any form of negative physical contact.
- Throwing or breaking objects or damaging Head Start property.
- Physical intimidation – for example, standing unnecessarily close or slamming things around.
- The use of a rude or aggressive hand gesture including pointing, shaking, or holding a fist.
- Spitting on or at someone.
- Breaching the school's or center's security procedures, for example, not checking in at the main reception area or trying to get in an alternate door.
- Harassing or unduly repetitive e-mails, texts, and phone calls.
- Inappropriate electronic activity including, but not limited to, publishing abusive, insulting, or inappropriate content with regards to the Head Start program, other visitors, teachers, or children on social networking websites including, but not limited to: Instagram, Facebook and X or in email communication.
- Linger in the parking lot or grounds in order to watch or confront someone entering or exiting the building.
- Spanking or physical discipline (of any kind) of children. Violations of this code of conduct can result in a temporary or permanent ban from CDI Head Start premises and events.
- Any other type of violent or threatening conduct or language.

Violations of this code of conduct can result in a temporary or permanent ban from CDI Head Start premises and events.

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**COMMUNITY DEVELOPMENT INSTITUTE HEAD START
PARENT COMPLAINT FORM**

(can also be completed electronically at <https://ohsim.org/parents/>)

Name of person filing this concern: _____

Address: _____
Mailing address City State Zip Code

Email address: _____

Telephone Number: (Home) _____ (Work) _____
(Cell) _____

Best time to call (include area code): _____ am/pm

Please describe your concern: (e.g., who, when, where, why)

Please state the action that you think would resolve this concern:

Signature

Date

Please deliver to Program Director.

Thank you for your feedback!

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CDI HS FAMILY HANDBOOK ACKNOWLEDGEMENT PAGE

My initials and signature below acknowledge that I have:

1. Been accepted by CDI HS for my child and family to receive services in the local Head Start Preschool or Early Head Start program. The services that will be provided have been explained to me and I agree to partner with staff in all family engagement and partnership activities as have been explained. _____
2. Received a copy of the *CDI HS Family Handbook* _____
3. Received a copy of *CDI HS The Parent Voice* _____
4. Been informed that the CDI HS program participates in the Child and Adult Care Food Program (CACFP) _____
5. Been informed of the compliment and complaint policies and procedures of CDI HS _____
6. Received annual notice of the procedures to protect Personally Identifiable Information (PII) and my rights regarding the types of PII that may be disclosed, to whom the PII may be disclosed, and what may constitute a necessary reason for the disclosure without parental consent. I understand that my written consent is voluntary, that it may be revoked at any time, and the program will only disclose the information that is deemed necessary for the purpose of the disclosure. _____
7. Received my parental rights regarding my child's records. _____
8. Been informed that CDI HS staff are required by law to report any and all suspected child abuse and/or neglect to the appropriate agency in the state _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Your Child's Name: _____

Center Child Attends _____ or Home-based _____

CDI HS Staff Signature: _____

Staff signature verifies that CDI HS services have been explained to the family, the compliment and complaint forms have been reviewed with the parents/guardian, and that the parents/guardian have been given a copy of the CDI Head Start Family Handbook and are aware of their rights.