

Head Start/Early Head Start Operations Manual

Childcare Partner



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ABOUT THIS HS/EHS OPERATIONS MANUAL

This manual is intended to provide Head Start staff with specific information about the operating policies and procedures for Easterseals Head Start/Early Head Start. These policies and procedures are based on best practices in early childhood education programs and the following:

- Office of Head Start/Early Head Start Early Childhood Learning and Knowledge Center (ECLKC) <http://eclkc.oHS/EHS.acf.hHS/EHS.gov/>
- The Head Start/Early Head Start Performance Standards and Head Start/Early Head Start Act (Also found on ECLKC)
- Illinois Department of Children and Family Services (DCFS) Licensing Standards It may be obtained from the Illinois state child care licensing office or <http://DCFS>. (A copy of the current Illinois Department of Children and Family Services (DCFS) Licensing Standards for Day Care Centers must be available onsite at each licensed location)
- National Resource Center for Health and Safety in Child Care and Early Education: Caring for Our Children, 3rd Edition <http://cfoc.nrckids.org/> (A hard copy is provided to all programs)
- Centers for Disease Control and Prevention <http://www.cdc.gov/>
- American Academy of Pediatrics <https://www.aap.org/>

All staff should be familiar with the most recent DCFS licensing standards, the Head Start/Early Head Start Act, Head Start/Early Head Start Performance Standards, and the Easterseals Service Plan (on the Eastersealsheadstart.org website) and follow the most stringent guidelines. Staff at each Center are to be able to access and refer to these regulations easily and have them available for DCFS licensing monitoring when requested.

Changes to this manual: This manual is reviewed and updated annually, as needed. The Easterseals Head Start/Procedures Manual should be available to all staff. Any changes to this manual must be noted on a dated Addendum approved by the Head Start/Early Head Start Director.

All employees must sign an acknowledgement page indicating that they have received a copy of, and understand the *Easterseals Head Start/Early Head Start Procedures*. These acknowledgements must be filed in each employee's personnel file.

Regular volunteers working in Easterseals partner centers (volunteering eight hours or more per week on a regular basis) must also be aware of these operating policies and procedures that staff and volunteers are required to follow.

Easterseals for general purposes uses "Head Start/Early Head Start" throughout this manual. All policies and procedures in this manual are applicable to all Head Start/Early Head Start programs, except where noted.

In this manual, the terms "teacher" and "teacher assistant" refer to Head Start classroom teaching staff, "teacher" refers to Early Head Start classroom teaching staff, and "home visitor" refers to staff in the home-based program option.

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 Head Start/Early Head Start has for those who fulfill the role of "parents" for the children in their lives. The information in this manual also ties directly to the Head Start/Early Head Start Service Plan.

FORMS AND RESOURCES AVAILABLE ON THE EASTER SEALS METROPOLITAN CHICAGO

Forms related to or referenced in this *Manual* are located on the Easterseals Head Start website page. “Announcements” on the COPA landing page and Easterseals Head Start webpage provide information about changes to forms and other items of interest partners, and the community. Always check the date on the form page to make sure you are accessing the most current version.

Copies of the Head Start/Early Head Start Performance Standards (HS/EHSPS) and Head Start/Early Head Start Act can be viewed on, or downloaded from, the ECLKC. Copies of the Easterseals Service Plan can be viewed on the Easterseals Webpage.

Throughout this *Operations Manual* are references to the Head Start/Early Head Start Service Plan numbers. These numbers are from 45 CFR (Code of Federal Regulations) and are written like this example:

HS/EHSPS 1302 Subpart C

WELCOME ALL HEAD START AND EARLY HEAD START EMPLOYEES!

Head Start/Early Head Start Overview

PHILOSOPHY AND GOALS

HS/EHSPS 1302.91; 1302.92

Easterseals Head Start/Early Head Start, through the employment of competent and qualified staff, volunteers, and effective community partnerships, is committed to providing a comprehensive child development program for expectant families, children birth to five years of age, and their families. This is accomplished through the provision of comprehensive educational, nutritional, health, social, and other services determined necessary by family needs assessment. The program is designed to support and strengthen the parents' role as the primary educator of their child as families move towards economic and personal self-sufficiency.

Easterseals Head Start/Early Head Start believes in direct involvement of parents and community volunteers as an integral part of the program. Parents are invited to assist in planning and implementing parent meetings or helping with other aspects of the program. Easterseals Head Start/Early Head start acknowledges parent and family engagement as beneficial to the program, children, families, and community.

HEALTH, SAFETY, SUPERVISION

HS/EHSPS 13.2.31; 1302.47

Easterseals is determined to provide quality facilities and outdoor environments with health and safety as the highest priority. A hallmark of Easterseals Head Start/Early Head Start is staff dedicated to cleanliness and safety of indoor and outdoor environments and active supervision of children. (See Active Supervision Toolkit on ECLKC.)

PROMOTING SCHOOL READINESS

HS/EHSPS 1302.32

Easterseals Head Start/Early Head Start's commitment to quality services for children and families focuses on the Head Start/Early Head Start Approach to School Readiness. The Head Start/Early Head Start Approach to School Readiness encompasses three major frameworks that promote an understanding of school readiness for parents and families, infants/toddlers, and preschoolers.

The three frameworks, which are available on ECLKC, are:

1. *The Parent, Family, and Community Engagement Framework*
2. *The Framework for Programs Serving Infants and Toddlers and Their Families*
3. The revised *Head Start/Early Head Start Child Development and Early Learning Framework*

Section 641A(g)(2)(A) of the Improving Head Start/Early Head Start for School Readiness Act (the Head Start/Early Head Start Act of 2007) requires that each agency establish program goals for improving school readiness of children participating in its program that align with the Head Start/Early Head Start Child Development and Early Learning Framework. These goals are defined as "the expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical health and well-being and motor development, and social and emotional development that will improve readiness for kindergarten." Agencies should articulate how the curriculum and child assessment(s) address or align with the established goals, and how parents are involved in this process.

Easterseals Head Start/Early Head Start programs must follow the Program Instruction, issued by OHS/EHS, ACF-PI-HS/EHS-11-04 and the four critical steps attached to that Program Instruction to develop their written plans and assess their own status with regard to school readiness as outlined below:

1. Adopt and align established OHS/EHS goals from the revised Framework.
2. Create and implement a plan of action for achieving the goals.
3. Assess child progress on an ongoing basis and aggregate and analyze data three times per year.
4. Examine data for patterns of progress for groups of children in order to develop and implement a plan for program improvement.

The OHS/EHS National Centers on ECLKC for Quality Teaching and Learning/Framework for Effective Practice, Early Head Start/Early Head Start, Health, and Family Engagement each provide resources for programs on school readiness. The OHS/EHS State Training and Technical Assistance (TTA) offices provides assistance and support to Easterseals for developing school readiness plans. Several documents are available on the Easterseals Head Start webpage that address the four critical steps outlined by OHS/EHS in regards to school readiness.

CLASS™ (CLASSROOM ASSESSMENT SCORING SYSTEM)

HS/EHSPS 1304.16

CLASS™ is a research-based classroom observation tool for preschool (ages three to five) center-based programs with a focus on teacher-child interactions. The CLASS™ tool focuses on three Domains: Emotional Support, Classroom Organization, and Instructional Support. Within each domain are specific dimensions, key indicators, and behavioral markers which, if implemented at high levels, promote children's social and cognitive development.

Easterseals programs implement CLASS™ observations, timely quality feedback to teachers following CLASS™ observations, and ongoing training as part of their school readiness plan to improve program quality and outcomes for children. See ECLKC: National Center on Quality Teaching and Learning/Engaging Environments and Interactions/Selected Resources for more information on understanding and using the CLASS™ for program improvement.

DIVERSITY STATEMENT

We believe that the diversity of our community is a fundamental strength of our region. Our mission is best fulfilled when we embrace diversity as a value and a practice. We maintain that achieving diversity requires an enduring commitment to inclusion that must find full expression in our organizational culture, values, norms, and behaviors. Throughout our work, we will support diversity in all of its forms, encompassing but not limited to age, disability status, economic circumstance, ethnicity, gender, race, religion and sexual orientation.

OHS/EHS believes the continuation of native languages are fundamental to preserving and strengthening a community's culture. Use of native language builds identity and encourages communities to move toward social unity and self-sufficiency. For more information see ACF-IM-HS/EHS-15-02 dated 3/17/15: Native Language Preservation, Revitalization, Restoration, and Maintenance in Head Start/Early Head Start and Early Head Start programs.

HEAD START/EARLY HEAD START MANAGEMENT SYSTEMS

HS/EHSPS 1302.101

The Head Start/Early Head Start leadership team focus on effective and efficient systems for achieving high quality delivery and management of program services. The leadership team intentionally integrates and monitors program systems and services, collects and analyzes data on critical indicators of program quality based on the HS/EHSPS, and plans accordingly for program improvement. The following program systems are from the Office of Head Start/Early Head Start (OHS/EHS) and are part of the Easterseals Head Start/Early Head Start program self-assessment of quality services (i.e., Health, Mental Health, Education, ERSEA, Family Engagement, Facilities/Materials/Equipment/Technology, and Transportation):

Quality in Easterseals Head Start/Early Head Start programs is grounded in the ability of the leadership team to implement an effective ongoing monitoring system. This consists of regularly scheduled observations, regular review of record keeping and reporting systems, analyzing data, planning, feedback, and follow-up on plans for individual and program improvement where indicated. Effectively and fully implementing electronic child and family data tracking systems is a priority. Ongoing Monitoring on ECLKC: <http://eclkc.oHS/EHS.acf.hHS/EHS.gov/HS/EHSlc/tta-system/operations/learning/ongoing-monitoring.html>)

HEAD START/EARLY HEAD START SERVICES AT-A-GLANCE

Head Start/Early Head Start Purpose: The purpose of the Head Start/Early Head Start (HS/EHS) program is to promote the school readiness of low-income children. This is accomplished by providing a learning environment that supports children's cognitive, social, and emotional development as well as language and literacy, mathematics, science, creative arts, physical skills, and approaches to learning.

Age

- 3-5 years

Ratio and Group Size

- In every HS/EHS classroom the maximum group size depends on the age of the majority of children (i.e., 17-20) and cannot ever exceed 20 children with two paid staff members (one of whom meets the teacher requirements). This also applies to HS/EHS children in community-based child care programs. HS/EHSPS 1302.21
- Typically one staff member is a teacher and the other is a teacher assistant.

Teacher Requirement – Education

- A minimum of a BA degree in early childhood education; or
- A minimum of a BA in related field with 27 hours in ECE.
- Assistant Teachers must have at least an AA or higher in ECE or a CDA with preschool endorsement
- AA or higher in another field with at 6 hours in ECE

*See complete details on Easterseals job descriptions and most current Easterseals requirements.

Room Size

- Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children, exclusive of bathrooms, halls, kitchen, staff rooms and storage places.
- At least 75 square feet of usable outdoor play space per child is required for any group on the playground at one time (outdoor time can be rotated if necessary).

Sleeping Arrangements

- Children who are tired and fall asleep are to be allowed to sleep.
- A rest or naptime is to be provided in programs of six or more hours per day. Children who do not nap are to be provided with alternative quiet activities.

Feeding

- Depending on the length of time a child is in the center, HS/EHS must meet 1/3 to 2/3 of the child's daily nutritional needs.
- Food is served family-style whenever possible.
- Seconds of food are offered to children who request more.
- Children are encouraged but not forced to try all foods offered.

Home Visits and Staff-Parent Conferences

- Full-year programs: 2 home visits and 3 staff-parent conferences per year

Timelines

- 45 days from enrollment date: developmental, behavioral, hearing and vision screenings completed
- 60 days from enrollment date: family partnership agreement completed
- 90 days from enrollment-date: all health requirements completed and/or documented
- Year-round: enrollment is continuous as vacancies occur (full-year programs).

EARLY HEAD START SERVICES AT-A-GLANCE

Early Head Start Purpose: The purpose of Early Head Start (EHS) is to promote healthy prenatal outcomes, enhance the development of very young children (birth to age three), and promote healthy family functioning. EHS incorporates current research and best practice in providing services to low-income families.

EHS – Services to Expectant Families

A healthy pregnancy has a direct influence on the health and development (vigor and well-being) of a newborn child. Utilizing a teamwork approach, Easterseals Early Head Start strives to have the greatest impact on participating children by offering supportive services as early in life as possible. The prenatal period of growth and development has a lasting impact on the child's potential for healthy growth and development after birth. Early Head Start programs provide services to expectant families beginning early in pregnancy and through the child's first three years of life.

Comprehensive services are provided through home visits at a rate and duration that meet the identified needs and goals of the family and meet all Early Head Start program requirements.

Early, continuous supports and services provide support for the best opportunity for:

- Healthy pregnancies and positive childbirth outcomes;
- Supportive, healthy prenatal and postpartum care for the parents and child;
- Fathers to become fully involved in the lives of their very young children;
- Supporting and enhancing parent-child attachments; and,
- Parents to develop as nurturing and responsive caregivers during their child's infancy.

Curriculum includes:

- Fetal development, including the risks from smoking and alcohol;
- Information about labor and delivery;
- Postpartum recovery, including information on maternal depression; and,
- Information on the benefits of breast feeding.

Transition to the appropriate child development program option (i.e., center-based, home-based) after the baby is born.

EHS - Center-Based Services

Age

- Birth to 3 years (follow state child care licensing guidelines for center-based start age, as applicable)

Ratio and Group Size

- In every EHS classroom, the maximum group size cannot exceed eight children with two teachers. One EHS teacher is responsible for a group of four infants/toddlers.

Teacher Requirements -- Education

- A minimum of an AA or higher in ECE; or
- AA or higher in related field with at least 27 hours in ECE; or
- CDA with preschool endorsement; or
- AA or higher with at least 6 hours specific to infant toddler (infant toddler must be stated on the official transcript)

*See complete details on job description and most current Easterseals requirements;

Room Size

- Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children, exclusive of bathrooms, changing table area, halls, kitchen, staff rooms, storage places, and crib space;
- At least 75 square feet of usable outdoor play space per child is required. Groups can be rotated to use the outdoor play space.

Sleeping Arrangements

- Cribs and cots must be spaced at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.
- Infants are not to be laid down to sleep with a bottle.
- To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and NO soft bedding materials such as comforters, pillows, blankets, "boppy pillows," or stuffed toys. No bumper pads are to be used. Infants are to be placed on their backs to sleep.

Feeding

- The cost of formula is reimbursable by USDA/CACFP.
- Depending on the length of time the child is in the center, EHS must meet 1/3 to 2/3 of a child's daily nutritional needs.
- Feeding is "on demand." This means that infants and toddlers are to be fed when their communication and behavior indicate that they are hungry.
- Infants are held while being fed and are not laid down to sleep with a bottle. Bottles are never propped.
- There will be a designated private area for mothers choosing to breastfeed.
- Mothers may also store pumped breast milk at the center. If breast milk is heated, it should be heated in a bottle warmer and never heated in a microwave oven.

Diapers

- All center-based programs are expected to provide whatever diapers are needed by the child during the part of the day that the child is at the EHS center. Diapers are necessary materials for sanitary and hygienic toileting practices which are considered part of the curriculum for infants and toddlers.
- Programs are encouraged to use a diaper service for cloth diapers (if state licensing allows) or are encouraged to purchase bio-degradable disposable diapers wherever possible.
- Disposable latex or water-impervious vinyl gloves and wipes are to be provided by the program.

Home Visits and Staff-Parent Conferences

- EHS is a full-year program: 2 home visits and 3 staff-parent conferences per year.

Timelines

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule is followed for healthcare requirements.

- 45 days from enrollment date: developmental, behavioral, hearing and vision screenings completed
- 60 days from enrollment date: family partnership agreement completed
- 90 days from enrollment date: all health requirements completed and/or documented
- Year-round: enrollment is continuous as vacancies occur

HOME-BASED SERVICES AT-A-GLANCE

Home-based Services Purpose: Home-based Early Head Start have the same goals, vision, core values and principles as the center-based services listed above. The purpose of the home-based program is to help parents improve their parenting skills and assist them in the use of the home as the child's primary learning environment. Through the home-based program option, parents experience the significance of being their child's first and most important teacher. They learn how to turn everyday moments into learning moments.

Age

- Birth to 3 years

Ratio and Group Size

- Full-time home visitor caseloads are typically 10 but no more than 12 families.
- Socializations for Early Head Start should meet the needs of children and parents and provide comfortable space and appropriate activities to engage all of the children and parents. Group size would never exceed center-based age group size.
- Group sizes for EHS socializations should be conducive to quality interactions between parents, their infants and toddlers, and staff members.

Home Visits

- The purpose of home visits is to enhance a parent's knowledge and skills in being the primary facilitator of their child's growth and development.
- Home visits are conducted with the parents or guardian (not babysitters or temporary caregivers) at the child's home.
- For full-year EHS home visiting programs, 46 weeks of home visits are provided each program year.
- Home visits are 90 minutes long.
- Missed home visits are to be rescheduled.

Socializations

- Socializations must be focused on both the children and parents. They may not be conducted with babysitters or other temporary caregivers. Socialization activities support child development by strengthening the parent-child relationship.
- Socializations are provided two times per month for each family. This means that the program may need to hold a sufficient number of socializations each month to accommodate the number of families in the home-based program and their needs.
- For EHS home visiting programs, 22 socialization opportunities are provided to each family each program year.
- Length of each socialization opportunity is two hours per group socialization session.
- Cancelled socializations are rescheduled whenever possible.

Socialization Sites/Spaces

- Socialization experiences may include interactions in a classroom setting, community facility, or on a field trip. For infants and toddlers, holding socialization at a consistent location provides security and comfortable routines and surroundings.
- Space for socializations takes into consideration basic health and safety requirements such as toileting/diapering, hand washing, refrigeration, heat and use of appropriate size furniture for parents and young children. The environment must be accessible to all families, including families who may have a child with a disability.
- Socializations are to be conducted as small group experiences that are planned cooperatively by parents and home visitors.

Snacks and Meals Provided at Socializations

- Meals or snacks at socialization are included as part of the home-based program option budget and are served family-style whenever possible.
- Nutritious foods that meet CACFP standards are served (whether the program receives reimbursement from CACFP for socialization or not).
- Programs ensure that there is appropriate infant formula and baby foods available for infants.

Diapering and Toilet Learning (Toilet/Potty Training)

- Parents are responsible for changing their child's diapers when needed during home visits and socializations.
- Parents assist their child with toilet learning at home during home visits and at socializations.

Home Visitor Requirement—Education and Experience

- Minimum requirement is a current CDA credential (home-based setting preferred) AA/BA degree in ECE or related field preferred.
- In addition, training and experience to develop: consistent, stable and supportive relationships with very young children; knowledge of infant and toddler development and safety issues including reducing the risk of Sudden Infant Death Syndrome; and, methods for communicating effectively with infants, toddlers, parents and other staff are a requirement of this position for EHS home visiting. *See complete details in the Easterseals Home Visitor job description.

Timelines

- EPSDT schedule followed for healthcare requirements.
- 45 days from enrollment date: developmental, behavioral, hearing and vision screenings completed
- 60 days from enrollment date: family partnership agreement completed
- 90 days from enrollment date: all health requirements completed and/or documented
- Year-round: enrollment is continuous as vacancies occur (full-year programs)

EMPLOYEE REQUIREMENTS FOR PROGRAM OPERATIONS

ATTENDANCE

Regular attendance by staff is critical to quality program services. Trusting relationships with children and families develop over time with consistent staff who are dedicated to their work.

CHILD ABUSE AND NEGLECT – IDENTIFICATION AND REPORTING PROCEDURES

HS/EHSPS 1302.47; 1302.90 Easterseals Head Start/Early Head Start will not allow any form of abuse or neglect of a child. Employees who are witness to or have reason to suspect child abuse or neglect will immediately file a report with the Department of Child and Family Services. The Child Care Partner Director and Head Start/Early Head Start Director are also to be advised immediately of any incidents relating to the abuse or neglect of a child enrolled in an Easterseals Head Start/Early Head Start program. When the allegations of abuse involve a Head Start/Early Head Start employee, The Child Care Partner Director must advise the Head Start/Early Head Start Director ***immediately***.

A. REPORTING

All Head Start/Early Head Start employees are mandated reporters of suspected child abuse and neglect. Mandated reporters are required by law to report suspicions of child abuse and neglect to those agencies designated by the state to investigate such reports. Please keep in mind that you are not the investigator. You do not need to determine IF the abuse/neglect occurred, or by whom, but only that you suspect that it occurred. A supervisor or other management staff cannot impede or inhibit the reporting of suspected child abuse or neglect. You cannot be subject to any sanction, including any adverse employment action for making a report. Head Start/Early Head Start must ensure that you have immediate and unrestricted access to communication technology necessary to make an immediate report and ensure you are temporarily relieved of other work duties for the time that is required to make the required report.

Definition:

Child Abuse: “Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse”.

Neglect: “Failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child’s well-being”.

‘Child’ means any person under the age of 18. Persons who are responsible for the child’s health or welfare include the child’s parent, guardian, or others responsible for the child’s health or welfare.

HARM:

Non-accidental physical injury – fractures, bruises, shaking, burns, internal injuries Non-accidental metal injury - penalizing a child for positive, normal behavior, by using threats, belittling, terrorizing, frequent negative criticism

Sexual abuse – sexual activity occurring between a child and an adult, or between children (when the activity is not part of normal childhood development).

Neglectful treatment or maltreatment - is failure to provide adequate food, clothing, shelter, medical or dental care, or supervision. Practicing religious beliefs that go against a court order protecting a child’s medical needs.

PROCEDURES FOR REPORTING SUSPECTED CHILD ABUSE AND/OR NEGLECT WITHIN THE HEAD START/EARLY HEAD START PARTNER CENTERS:

- a. All reports regarding child abuse and/or neglect should be completed by the person who first detected or witnessed the abuse/neglect. They may seek help in a confidential manner from another staff member when appropriate.
- b. Complete the Head Start/Early Head Start Suspected Child Abuse/Neglect Report prior to making the hotline call. When making the call, have the form in front of you so you may answer questions the investigator may ask you.
- c. It is possible to make a hotline report without giving your first name and position unless you are a mandated reporter. Be prepared to accept the fact that people are often familiar with who has contact with their children and may be able to deduce who made the report.
- d. If you wish to receive a call back from the Department of Children and Family Services regarding the investigation, as a Mandated Reporter you may request this from the agency.
- e. You may be contacted by an investigator from the Department of Children and Family Services in order to gain additional information regarding a hotline call.
- f. All reports regarding child abuse and/or neglect should be reported to the person's direct supervisor.
- g. Keep the original report in the child's 'Confidential' file binder, which is located in a locked file cabinet. All follow-up notes regarding the call, or any letters from the Department of Children and Family Services will also be placed in this same binder.

INSPECTION OF CHILD'S COMPLAINT:

Although Head Start/Early Head Start staff are not investigators of abuse/neglect, there will be times staff will need to ask the child more questions, look at the area of pain/complaint, and talk with family members. The Department of Children and Family Services Intake Workers agree that Head Start/Early Head Start staff will engage in some of the above stated actions in order to provide them with information they need to investigate an allegation.

Head Start/Early Head Start staff may inspect an area of a child's body in relation to a report of abuse and neglect. Example: A child reports to his/her teacher, "my daddy hit me in the back last night". The teacher may ask the child if she/he can look at his/her back and if the child agrees, the teacher will take the child aside, along with another staff member to witness, and will look at the child's back. Staff will not inspect areas of a child's body that are considered 'private parts', such as the vagina, penis, scrotum or buttocks. Example: The child reports to her teacher, "My pee-pee hurts. My daddy pushed on it last night". The teacher will not inspect the child's vagina. The teacher will call the parent, or if the parent is unavailable at that time, the teacher will speak with the parent later in the day, to report what the child has said. The teacher may choose to ask the parent to obtain a doctor's note regarding the child's complaint. In addition, based on what the parent tells the teacher, the teacher may choose to make a hotline call, or she/he may be satisfied that the incident is most likely not reportable to the Division of Children and Family Services.

RESPONSIBILITIES OF EASTERSEALS HEAD START/EARLY HEAD START PROGRAMS:

Programs will not undertake, on their own, treatment of cases of child abuse and neglect. Full cooperation with child protective services agencies in the community is encouraged. In addition, HS/EHS programs will make every effort to retain children in their program that have been involved in alleged cases of child abuse and neglect.

CONFIDENTIALITY ISSUES:

Programs will preserve the confidentiality of all records pertaining to child abuse and neglect. It is the staff's option to discuss the information for the hotline call with the adult(s) identified in the report. Staff will fully cooperate with authorities investigating the alleged child abuse/neglect case; however, any other requests for information regarding the alleged incident will only be released upon presentation of a subpoena.

TRAINING OF HEAD START/EARLY HEAD START STAFF REGARDING CHILD ABUSE/NEGLECT:

Head Start/Early Head Start employees will be provided child abuse and neglect training through the orientation program titles, 'Head Start 101'. The training will include ways to foster a helpful rather than punitive attitude toward abusing or neglecting parents and other caregivers. In addition, Head Start/Early Head Start employees will attend an annual child abuse/neglect workshop, in order to remain informed of state and local laws regarding abuse/neglect.

B. WHEN A CHILD ABUSE/NEGLECT REPORT INVOLVES A EASTERSEALS HEAD START/EARLY HEAD START EMPLOYEE

If an Easterseals and/or a Head Start/Early Head Start staff member is the subject of allegations of child abuse and/or neglect the following procedure should be followed:

- All of the guidelines contained in the Easterseals Abuse and Neglect Policy must be followed. The employee will not be permitted to return to work until a full investigation has been completed by Easterseals and DCFS.

DRESS AND GROOMING

Employees at all levels and job positions are representatives of Easterseals Head Start/Early Head Start and therefore, their dress, grooming and personal hygiene affect both the public's impression of the business and internal morale. All Easterseals Child Care Partners are required to have a personnel policy outlining guidelines for appropriate work dress, which promotes a positive image to the public customers and others. In addition, this policy should give due consideration to safety and sound business practice.

1. To present or create a professional or identifiable appearance for customers, suppliers, and the public;
2. To promote a positive working environment and limit distractions caused by outrageous, provocative, or inappropriate dress; and
3. To ensure employee and customer safety while working.

FAMILY HANDBOOK

All staff are expected to read the *Head Start/Early Head Start Family Handbook* to be familiar with what parents and families have been given as guidance for program operations and to familiarize themselves with policies stated there which prepare them to provide information to families consistent with program policies and practices.

FAMILY-STYLE MEAL SERVICE

HSPS 1302.31

As a part of family-style meal service and good early childhood education practices, classroom staff are required to sit at tables with the children and eat the same foods being served to the children. Mealtime is to be pleasant and relaxed and used as an opportunity to broaden children's food experience and support the development of cognitive, language and social skills (e.g., socializing, having conversations). As a curriculum activity, classroom staff and adult classroom volunteers are to eat with the children, modeling the practice of family-style meal service. Family-style meals allow the children to serve themselves. Staff are to consume only child-size portions given that mealtime is a curriculum activity and not a fringe benefit to employees.

FOOD -- OUTSIDE FOOD

HSPS 1302.44

Based on USDA regulations and good nutritional practice, personal meals and snacks (e.g., snack foods, chips, soda pop, coffee, and candy) are not allowed in the classrooms or socialization spaces at any time. Since staff breaks should be taken outside of the classroom, these items may be stored and consumed in staff break rooms or other designated areas of the center or socialization spaces but never in the center kitchen, refrigerator used for CACFP reimbursable food or breast milk, or classroom/socialization areas. Any refrigerators used for staff snack or meals are to be clearly labeled as "non-CACFP food storage."

PARENT COMMITTEE MEETINGS

HSPS 1301.4

Parent Committee meetings are to be held each month. The meetings are conducted for parents by parents. All parents of currently enrolled children are automatically part of the Parent Committee and are encouraged to attend. In center-based program options, each center will have a Parent Committee meeting monthly. Staff are to assist parents by providing the support necessary to ensure that meetings are held as scheduled and that supplies are available. Copies of the agenda, minutes, sign-in sheets and attachments must be submitted by the partner school or the management team member who oversees the home-based program as part of the record-keeping system. For the home-based program option, staff may suggest that Parent Committee meetings be scheduled immediately before or after home-based socialization experiences (but never during).

INTERNET USE/E-MAIL

Certain employees may be provided equipment with access to the Internet to assist them in performing their jobs. The Internet can be a valuable source of information and research. In addition, e-mail can provide excellent means of communication with other employees, our customers and clients, outside vendors, and other businesses. Use of the Internet, however, must be tempered with common sense and good judgment. Easterseals maintains an electronic mail system to assist in the conduct of business within the company. The electronic mail system hardware is company property. Accordingly, all messages composed, sent or received on the electronic mail system are and remain the property of Easterseals. They are not the private property of any employee.

HEALTH AND SAFETY

Easterseals is committed to the health and safety of our employees, partners, and volunteers. We will comply with federal, state and local occupational safety and health regulations and continually improve our safety and health performance. We not only promote partner participation, but we rely on the input of the program's Health and Safety Committee, to be successful. We will communicate our policies, procedures, and goals to all partner centers to ensure a safe and healthy working environment.

PUBLIC INQUIRIES RELATIONS

Any public inquiries from any other party external to Easterseals, including but not limited to inquiries from school districts, parents, partners, donors, board members, or other interested parties, shall be referred promptly to the Head Start/Early Head Start Director, Director of Communications and Chief Operating Officer. Any distribution of press releases, media alerts, or statements must be written, approved and released by the Director of Communications.

RECORD-KEEPING

HSPS 1304.24

Head Start/Early Head Start staff have a significant responsibility to balance the accountability requirements of Head Start/Early Head Start with their role of supporting the development of children and families. A systematic tracking system is imperative to maintain accurate documentation, ensuring that all services for children and families are accomplished and integrated with other content areas.

The Child File Checklist provides the required list of items, based on HSPS, which must be documented in the child file. The program's electronic child and family data tracking system must also be kept up to date and align with what is in the child file. In addition, attendance, weekly lesson plans, anecdotal observations and ongoing assessment must be systematically recorded and tracked by teachers.

VOLUNTEERISM IN HEAD START/EARLY HEAD START

HSPS 1302.94

Parents and community volunteers (such as the foster grandparent program, college students in practicum experiences and others) are invited to share their time and talents with the program. When parents indicate an interest in volunteering in the family needs/interests assessment or any time, staff should engage them in a volunteer opportunity right away.

Staff are expected to encourage and welcome volunteers, to orient them to their assigned activity and to involve them in meaningful activities (e.g., in the classroom: reading/storytelling, singing, engaging in interest center activities, setting up for activities; in the office: helping with newsletters, materials preparation, filing, organizing non-confidential information; on the playground: playing games with children, maintaining toys and equipment).

Parents are always welcome in the classroom. The benefits to parents of volunteering or working in a program are many. For example, a parent or community volunteer can gain experience that may be useful in a future or current job. The parent or family member who volunteers can also more effectively reinforce the child's learning at home.

Volunteers in classrooms and on playgrounds are not counted in the teacher/child ratios but are used as additional hands to enrich interactions and provide additional attention to children. Volunteer hours are counted as "in-kind" toward the non-federal match that is required of every program. Staff ensure there is careful documentation of the volunteer's hours.

FACILITIES HEALTH AND SAFETY

CLEANING AND SANITIZING

HSPS 1302.47

FURNITURE AND TOYS

All Head Start/Early Head Start staff are responsible for the cleanliness of the center and socialization Center (including furniture and toys). To reduce the spread of infectious disease among children and staff, cleaning and sanitizing and disinfecting surfaces is critical. Routine cleaning with detergent and water is the most useful method for removing germs from surfaces. However, some items and surfaces require an additional step after cleaning to reduce the number of germs on a surface to a level that is less likely to transmit disease. This step is called "sanitizing". A household chlorine bleach water mixture is what should be used in HS/EHS programs. A solution of chlorine bleach water is easy to mix, nontoxic, safe when handled properly, and kills most infectious agents. Chlorine bleach water solutions can be applied in various ways:

- Spray bottle for tables, diaper changing surfaces, toilets, and potty chairs;
- Cloths rinsed in sanitizing solution for food preparation areas, large toys, books, and activity centers; or,
- Dipping the object into a container filled with the sanitizing solution, for smaller toys.

If you are using an EPA-registered bleach product you should not use a generic recipe, but should follow label instructions for use. For most recent recommendations on the proper sanitization guidelines for child care centers go to the National Resource Center for Health and Safety in Child Care: "Caring for Our Children, 3rd Edition" at <http://cfoc.nrckids.org/>, DCFS licensing standards and Illinois Department of Public Health department.

In the classrooms, socialization areas, staff are to ensure all contact surfaces are sanitized before and after use. Other strong smelling chemical cleansers shall not be used (e.g., Lysol, Pine Sol).

Classroom toys and equipment are to be sanitized weekly and more often as needed. Toys that are mouthed by infants, toddlers and young children are to be cleaned and sanitized after each use (e.g., an infant is finished with a toy or object they have had in their mouth, it is to be removed from use by other children until it has been sanitized).

All staff are responsible for maintaining healthy environments. A schedule for sanitizing toys is to be posted in each classroom. (Classroom Cleaning and Sanitation Log form)

Utility gloves and equipment designated for cleaning and sanitizing toilet learning/training equipment and flush toilets are to be used for each cleaning and are not to be used for other cleaning purposes. Utility gloves are washed with soapy water and dried after each use.

CRIBS

Each infant/toddler in a center-based program is to be assigned a crib that only she or he sleeps in. When children are sleeping, cribs need to be spaced at least three (3) feet apart. Crib sheets and other linens are to be changed at least daily and cribs are to be disinfected daily (or more often if needed).

COTS

HSPS 1302.47

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 disinfected daily and/or before the use by another child and are to be placed at least three feet apart. 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.

DAILY AND WEEKLY CHECKLIST

HSPS 1302.47

To perform and document daily and weekly checklist of the indoor and outdoor environment, as well as monitoring monthly fire, tornado and lockdown drills.

1. The classroom teachers will fill out the Daily Checklist first thing in the morning every morning.
2. The Center Director/Owner will complete the weekly checklist as well as the monthly fire, tornado and lockdown drill form.
3. The Child Health Advocates will initial the daily and weekly checklist **ONLY** when at the Center to verify that the checklist is being completed and posted in the classroom.
4. The Center Director/Owner will email or fax the daily and weekly checklist by the 1st of each month to the Safe Environments email address.
5. The Safe Environments Specialist will analyze and generate a monthly report for each Center and will submit a monthly report based on data to the Safe Environments Coordinator.
6. The Safe Environments Coordinator will review, analyze and identify any facility concerns and develop a plan for resolution and indicate a timeline for repairs within 30, 60, or 90 days on the facility checklist. (Will be submitted monthly to DFSS for Chicago)
7. Safe Environments Team will conduct follow-up on significant facility concerns that affect the health and safety of children and/or staff no later than 24 hours after it has been identified. Before and after pictures will be taken of any major repairs.
8. For Chicago the Safe Environments Coordinator will immediately notify DFSS Safe Environments Unit of any significant facility concerns.

Easterseals Head Start/Early Head Start programs must implement an effective system for inspecting and cleaning the indoor and outdoor areas of center-based programs daily and before using the socialization Centers. Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions. Easterseals Head Start/Early Head Start requires the use of a daily health and safety checklist.

Easterseals Head Start/Early Head programs health and safety is everyone's business. It is important for any staff at center or socialization Centers to report to the staff person responsible for facilities (e.g., center supervisor/home-based coordinator, safe environments team) any health and safety hazard or unusual or strange circumstances in the center, socialization Center, or surrounding area that may cause an accident or become a safety issue, whenever they are discovered. When any health or safety concerns are identified, responsible staff will document how they are addressed (e.g., supplemental funding request, site verification report form). This should be part of the program's ongoing monitoring and record-keeping systems.

DENTAL INJURIES

HSPS 1302.47

Prepare for a potential dental injury or emergency, by visiting the American Dental Association website for guidance: <http://www.mouthhealthy.org/en/babies-and-kids/concerns>. In the event of a dental injury during program hours of operation or during socializations, the following steps are to be followed:

- One staff member (who is First Aid certified) is to assess to determine if first aid is needed and then, if appropriate, initiate first aid as another staff member supervises the remainder of classroom or group of children;

- Contact parents immediately if follow-up treatment is needed. If unable to contact parents, call emergency contact(s).
- Notify center director, home-based manager/supervisor, and family health advocate; and complete and submit an incident report (within 24 hours) to the safe environments team.

DIAPERING

HSPS 1302.47

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.

Head Start/Early Head Start staff are to follow the procedures for diapering that adequately protect the health and safety of enrolled children. The diapering area must be kept sanitary and free from clutter. Learning centers and food preparation areas shall not be in close proximity. During home visits and socializations, parents are to be responsible for changing their child's diaper when necessary. If parents are engaged in a short activity apart from the children during socialization or if sibling care is provided during socializations, staff may change the child's diaper.

Caregiver and child interaction during diapering provides an opportunity for warm and nurturing face to face communication.

Diapering Procedure:

1. Get Organized

- Wash your hands
- Gather what you need:
 - Non-absorbent disposable paper (recommended) or pad
 - Fresh Diaper
 - Clean Clothes (if necessary)
 - Plastic bag for soiled items
 - Gloves
 - Diaper cream (removed from container and placed on a disposable tissue)
 - Put on disposable gloves

2. Carry Child to Diapering Area

- Avoid contact with clothing soiled with urine or stool (germs)
- Gently place child on diapering surface
- Always keep a hand on the child
- Remove child's clothes, shoes and socks as needed
- Place soiled clothes in plastic bag. Close securely for sending home
- Do not rinse

3. Clean the child

- Remove stool and urine from front to back
- Use fresh wipe and clean front to back
- Place soiled wipe in plastic-lined hands-free, covered trash receptacle
- If disposable paper is used, fold from the feet over any spills under the child

4. Removed soiled diaper

- IMMEDIATELY put disposable diaper in a plastic-lined hands-free, covered trash
- Put soiled reusable diaper and/or soiled clothes in a plastic bag, close securely for sending home. Do not rinse
- Remove gloves

- Dispose immediately
 - Use disposable wipes to clean your hands and a fresh wipe to clean the child's hands
 - Dispose in covered trash can
- 5. Put a clean diaper on the child**
- Put on new set of disposable gloves
 - Slide fresh diaper under child
 - Use tissue to apply needed diapering cream
 - Discard tissue in plastic lined, hands-free, covered trash can
 - Adjust and fasten diaper
 - Finish clothing child
- 6. Wash child's hand**
- Take child to sink, hold child and wash child's hand with soap and water
 - If child can stand, assist child as necessary to wash their hands in the child handwashing sink
 - Return child to supervised area
 - Take off gloves and throw away in trash can
- 7. Clean, Rinse Diapering Area, Disinfect**
- If paper liner is used, dispose of paper liner in a plastic lined, hands-free covered trash can
 - Spray and wipe entire diapering area with bleach water solution
 - If pad is used, spray both sides of the pad and the changing table surface with bleach water solution
 - Caring for Our Children, 3rd Edition which has a link to a printable poster of the diapering procedure in both English and Spanish:
 - http://www.healthychildcarenc.org/PDFs/diaper_procedure_english.pdf
 - http://www.healthychildcarenc.org/PDFs/diaper_procedure_spanish.pdf
 - The poster or written procedure should be posted in all diapering areas in centers and socialization sites; or, and as specified by DCFS licensing requirements.

MEDICAL EMERGENCIES

HSPS 1302.47

Medical Emergencies

In the case of a medical emergency or serious injury requiring treatment, supervising staff may make the decision to call 911. Every effort will be made to establish contact with parents prior to making this decision.

For less serious injuries (e.g., scratches, bruises, bumps), parents will be notified by phone and a written Ouch Report completed. If parents cannot be reached by phone, a note will be sent home with the child at the end of the day. Although every effort is made to keep children safe while attending Easterseals Child Care partner centers, it is a fairly common occurrence for children to sustain a series of bumps, bruises, and scrapes during the early years.

For all emergencies (e.g., missing child, fire, earthquakes) not referenced in this manual, staff are to have access to and follow the emergency procedures as developed and identified in the center's emergency preparedness plan/manual which should include methods of notifying parents in an emergency.

Each Easterseals Child Care partner center must have an Emergency Response Team (ERT) that is responsible for oversight in the case of an emergency. The ERT is to follow guidance for creation of central and center emergency plans in the program emergency preparedness plan/manual. The team is to consider how each emergency may affect the center, both center-based and home based, and consider local weather patterns, physical locations of Centers, neighborhood environments, and any other special circumstances that may increase risks.

Staff use an emergency evacuation kit inventory and checklist monthly to ensure the contents and all supplies are current and any missing or expired items are replaced immediately. See ECLKC/Head Start/Early Head Start Emergency Preparedness Manual and Caring for Our Children 3, Chapter 9: Administration, 9.2 Policies, 9.2.4 Emergency/Security Policies and Plans, Standard 9.2.4.3: Disaster Planning, Training, and Communication for information on developing a plan.

If, for any reason, there are emergencies that require changes to the schedule or closure of a center or socialization site the Head Start/Early Head Start Director is to be contacted immediately. All emergency procedures/postings are displayed in one centralized location in each classroom and socialization area. In centers and socialization sites that have a high population of non-English speaking families, the procedures are posted in both English and the languages to reflect that population.

Designated staff (as indicated in applicable job descriptions) must have current first aid and CPR certification (at least one teacher in each classroom must have current first aid and CPR certification).

FIRE/EMERGENCY EVACUATION DRILLS

HSPS 1302.47

Fire/emergency evacuation drills are practiced monthly with children present. Evacuation routes showing designated meeting place are posted in each classroom. Drills are documented and reviewed on at least a quarterly basis. A copy of the children's emergency contact information should be taken during emergency evacuations or drills. The completed original form must be filed in a safety log/notebook each month and kept onsite.

FIRST AID AND FIRST AID CERTIFICATION

HSPS 1302.47

At least one staff member in each Head Start/Early Head Start classroom, at socialization activities, and on field trips plus the bus driver and a monitor on the bus must have current first aid and CPR certification. All child files are to contain an emergency treatment form signed in advance (i.e., 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.

The following procedures are to be followed in the event of respiratory distress and severe allergic reactions due to a medical condition not previously known and where no Individual Health Plan exists:

- Stabilize child's airway (i.e., through CPR), breathing and circulation;
- Call 911 simultaneously and immediately; and,
- Provide continuous attention and first aid/CPR, if needed, until emergency responders arrive.

FIRST AID KITS – FIRST AID KIT MONITORING LOG

HSPS 1302.47

First Aid kits shall be maintained and readily available for use in each classroom.

- A travel kit for use on outings must also accompany each classroom. The supplies for each first-aid kit shall be stored in a closed container that is clearly labeled as first-aid supplies and stored in a place that is accessible to child care staff at all times but out of the reach of children.

INCIDENT REPORTS

Easterseals system for recording and tracking incidents, unusual occurrences, and/or accidents should be followed. This process is called “reportable incidents.”

- An injury will be defined as any incident that leaves a mark, such as: bruise, bump, scratch, etc., on a child that requires evaluation or medical attention.
- An Incident/Injury Report will be filled out and reported to Easterseals on each child that is injured within 24 hours. The person performing first aid will fill out the medical portion of the form. The person who witnesses the incident will fill out the details of the injury. The name of any other child involved in an incident will not be identified in the report. When possible a teacher/center director will contact the parent/guardian to notify them of the incident. A copy of the report will be given to the parent, center director, and PDM team before the end of the business day.
 - Parents will be notified immediately when an injury requires medical provider intervention.
 - If critical illness or injury require immediate attention of a medical provider the center will:
 - a. Contact emergency medical services (911)
 - b. Give the child first-aid treatment or CPR (if applicable).
 - c. Contact the parent.
 - d. A Staff person will collect the child’s medical records and accompany the child to medical facility.
 - e. Head Start Staff/Early Head Start will follow up with all reportable injuries.

PROCEDURE: OUCH REPORTING

Center Responsibilities:

- All incidents resulting in injuries not requiring medical attention, such as bites, hitting, falls, nose bleed etc., even when there are no visible marks, must be documented on the ouch report form.
- The staff person who witnessed the incident must fill out the ouch report form and have it signed by the Director/Designated person before the parent arrives to pick up their child. The parent will sign off on the ouch report form and given the original.
- If no one actually witnessed the incident, then the Teacher, is responsible for gathering as much information as possible and documenting on the ouch report.
- Copies of all ouch reports will be placed in the on-site monitoring binder.

Easterseals' Responsibilities

- Ouch reports must be reviewed, emailed/faxed to the PDM team by Tuesday of the following week by the Coach/Advocate.
- PDM team will print and sign the ouch report and distribute copies to the Family Health Advocate to file in the child's file under incident reports with most recent report on top.
- PDM team will track and share with the leadership team at least monthly.
- In collaboration with the Leadership team the PDM team will determine what follow up is needed. PDM team will ensure action plans are created and implemented by the appropriate team within the designated timeframes.
- All reports will be reviewed and used for improving safe environments.

MAINTENANCE OF EQUIPMENT AND MATERIALS

HSPS 1302.31; 1302.47

Child Care partner staff are expected to take care of materials and equipment and to teach children to do so as well. Classrooms and socialization spaces are to be arranged in an orderly fashion, including when staff and children leave for the day. Each morning, classroom interest centers are to be set up, re-organized and/or prepared for the day. Staff members are expected to complete basic housekeeping tasks in their classrooms on a daily basis, and to contribute to maintaining a safe, healthy, clean, and orderly center. Extra materials not currently being used in the indoor learning environment are to be stored in designated storage areas. Classroom staff are not to stack materials on top of cupboards and shelves in the classroom.

MATERIAL SAFETY DATA SHEETS (MSDS) - DCFS

HSPS 1302.47

All Child Care partner staff are expected to receive training on Material Safety Data Sheets (MSDS) for all cleaning supplies and chemicals used at or stored at the centers. MSDS provide procedures for handling or working with the substance in a safe manner and provide information about toxicity, health hazards, ingredients/chemical properties and reactivity, first-aid measures, handling and storage, and disposal measures. There must be a binder with this information labeled and readily available to all staff in case of an emergency involving these substances. All container contents should be clearly labeled. Staff should not bring personal cleaning products, sprays, soaps, etc. to work as they are not recorded on MSDS for the center.

REQUIRED POSTINGS

DCFS and HS/EHS requires posting of emergency procedures and health and safety procedures.

- Emergency Phone Numbers (Posted in each class/socialization room)
- Medical/Dental Emergency (Posted in each class/socialization room)
- Mildly Ill (Posted on Parent Resource Board)
- Choking Poster (Parent Resource Board)
- No Drugs (On main entrance door)
- No Guns (On main entrance door)
- Food Allergy (In each class/socialization room and in the kitchen)
- Hand Washing (Kitchen and above each sink that children use)
- Diapering (Above all changing tables and areas)

- Gloving (Kitchen and In all classrooms/socialization rooms and in all bathrooms)
- Mandated Reporting of Child Abuse (In staff break area)
- Storage of Hazardous Materials (On door of storage closet)
- Daily Health Checklist (In each classroom/socialization room)
- Tornado, Fire, and Lock down drill (In each classroom and socialization room)

SAFETY PRACTICES

BALLOONS

Balloons are not allowed in infant and toddler areas and no children of any age are permitted to inflate balloons, suck on or put balloons in their mouths nor have access to un-inflated or under-inflated balloons.

Latex balloons or inflated latex objects that are treated as balloons are also not permitted in the Head Start/Early Head Start center. When children bite inflated latex balloons or gloves, these objects may break suddenly and blow an obstructing piece of latex into the child's airway. Under-inflated or un-inflated balloons of all types could be chewed or sucked and pieces potentially aspirated.

INFANT SAFE SLEEP

HSPS 1302.47

Providing infants with a safe place to grow and learn is very important. For this reason, Easterseals has created a policy on safe sleep practices for infants up to 1-year-old. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation." All staff, substitute staff, and volunteers must follow this policy.

When This Policy Applies:

This policy applies to all staff, substitute staff, Early Head Start child care partner staff, volunteers and parents/family members when they place an infant to sleep at Easterseals direct operated and Child Care Partner Centers.

Sleep Position:

- Infants up to 12 months old will be placed flat on their backs to sleep every time, unless there is a completed, up-to-date medical waiver on file, signed by the infant's physician, indicating that the infant requires an alternate sleep position. In this case, a waiver notice will be posted at the infant's crib without identifying medical information, and the full waiver will be kept in the infant's file.
- Infants will not be placed on their side for sleep, and devices such as wedges or infant positioners will not be used unless required by the infant's physician.
- Infants will always be placed on their backs to sleep. However, when an infant can easily turn over from back to front **and** front to back, they can be allowed to move to and remain in whatever position they choose to sleep.
- With parent permission, swaddling is permitted for infants younger than 3 months. For infant health and safety, a commercial swaddling wrap that does not restrict the legs and hips must be used rather than a blanket. Swaddling is not permitted for infants older than 3 months unless written

permission from the infant's physician is on file. In this case, a notice will be posted at the infant's crib.

Sleep Environment:

- Our program uses Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
- Infants will not be left in bed with the drop side down.
- Only one infant will be placed to sleep in each crib.
- The crib mattress will be covered only by a tight fitting fitted sheet.
- No loose bedding, toys, or other soft objects of any kind will be placed in the crib (either on top of or under the mattress) and nothing will be hung on the side of the crib or attached to the crib.
- To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult. Infants will be checked to ensure that they are comfortably clothed (not overheated or sweaty).
- ***Blankets will not be used. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, may be used as alternatives to blankets.***
- Pacifiers will not be clipped to an infant's clothing during sleep. Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should the pacifier fall out once they fall asleep. Pacifiers will be cleaned between each use, checked for tears, and will not be coated in any sweet or other solution. Parents will be asked to provide replacement pacifiers as needed.
- Bibs and garments with ties or hoods will be removed for sleep.
- Infants should not nap in a car safety seat, bouncy seat, or any other type of furniture/equipment that is not a safety-approved crib. If an infant arrives at the center asleep in a car seat, the parent or teacher should immediately move the sleeping infant to their assigned crib. If the infant falls asleep in any place other than the crib, staff should immediately move the infant to their crib.

Supervision:

- When infants are in their cribs, they will be within sight and hearing of staff at all times.
- A staff member will visibly check on the sleeping infants frequently. The lighting in the room must allow staff to see each infant's face, view the color of the infant's skin and check on the infant's breathing.
- When infants are awake, they will have supervised "tummy time" in order to help them strengthen their muscles and develop normally.
- Infants will spend limited time in bouncy seats and other devices when they are awake.

Training for Staff and Volunteers:

- All Easterseals staff, substitute staff, Head Start/Early Head Start child care partner staff and volunteers will be trained on safe sleep policies and practices.
- Safe sleep practices will be reviewed with all Easterseals staff, substitute staff, Head Start/Early Head Start child care partner staff and volunteers. In addition, training specific to these policies will be given before any individual is allowed to care for infants.

- Documentation that Easterseals staff, substitute staff, Head Start/Early Head Start child care partner staff and volunteers have read and understand these policies will be kept in each individual's file.

ILLNESS & ALLERGIES

Illness Policies

The goal of the illness policy is to maintain a safe and healthy environment for all children. Head Start/Early Head start staff pay close attention to the ongoing health and well-being of all children enrolled so that all children can participate as healthy individuals. Any child that exhibits symptoms which indicate a medical condition (as noted in the table below) will be closely watched, the condition documented, and a parent informed. In some situations, a parent may be called to pick up a child from the center.

Parents are asked to keep a child home from school if they show signs of illness (e.g., fever, vomiting, etc.). Exclusion from the center for medical reason is required for the following:

- Medical condition prevents the child from participating comfortably in program activities
- Illness results in greater amount of care than the childcare staff can provide
- Condition compromises the health and safety of the other children staff (e.g., virus, flu)

If a child is at school and becomes ill or has a condition that warrants attention from a nurse/doctor or the parent/guardian, the parent and/or guardian shall be notified immediately by center staff. Should a situation arise whereby a parent cannot pick up their child within one hour, they must notify Center Director to inform him or her of the delay and make other arrangements. This policy is strictly enforced to ensure the health and safety of all children in the center.

Easterseals Head Start/Early Head Start follows guidelines set forth by the Centers of Disease Control and Prevention (CDC) for childcare providers, along with the Chicago Department of Health, to determine exclusion and attendance policies for the children that are exhibiting symptoms of illness. The table below lists medical conditions that may exclude a child from Easterseals direct operated and HS/EHS childcare partners' Center and the policies associated with the child returning to the center.

<i>Illness</i>	Exclusion Criteria
<i>Fever of 100°F or Higher</i>	Child will be excluded for a temperature of 100° F auxiliary (under the armpit or in the ear), accompanied by behavior change or symptoms of illness.
<i>Cough</i>	Cough will not necessarily exclude a child from the center. However, a severe cough with rapid/difficult breathing or wheezing may be a reason for exclusion. In some cases, written clearance from the healthcare provider may be required to return to school.
<i>Rashes</i>	Child may be excluded until a healthcare provider determines that symptoms do not indicate a communicable disease and provides a written statement.
<i>Diarrhea</i>	Child will be excluded after three diarrhea stools. The child may return after 24 hours free of diarrhea symptoms. If a child's diarrhea is due to teething,

<i>(watery, foul smelling bowel movements)</i>	the child can continue to attend the center with a doctor's written statement documenting that the cause of the child's diarrhea is related to teething.
<i>Vomiting</i>	The child will be excluded after two or more episodes of vomiting. To return to school, the child must be free of vomiting for 24 hours.
<i>Conjunctivitis (pink eye)</i>	The child will be excluded for symptoms of possible purulent conjunctivitis: whites of the eye are pink/red, eye discharge is white or yellow, eyelids are often matted after sleep, there may be eye pain or redness of the eyelids or skin surrounding the eye. The child may return 24 hours after treatment has started and with written clearance of the health care provider which includes diagnosis and treatment prescribed. Child will not be excluded for symptoms of non-purulent conjunctivitis: whites of the eye are pink, eye discharge is watery, and there is no fever, eye pain or eyelid redness.
<i>Sore Throat</i>	The child may be excluded for a sore throat if there are swallowing difficulties and fever. Child may return to school 24 hours after antibiotics have started and after 24 hours fever-free.
<i>Not Feeling Well</i>	Child may be excluded when interest in activities or activity level is greatly reduced and/or when illness results in a greater need for care than staff can provide without compromising the health and safety of the children.
<i>Lice or scabies</i>	The child will be excluded from the facility. He/she may return 24 hours after treatment has been initiated and with written clearance of the healthcare provider.
<i>Chicken Pox</i>	The child will be excluded from the facility. He/she may return after sores have dried and scabbed over, and with written clearance of the healthcare provider.
<i>Ringworm</i>	The child will be excluded for ringworm of the scalp and may return after treatment has started and with written clearance of the healthcare provider. Ringworm on the body will not necessarily lead to exclusion; however, the ringworm must remain covered at all times while at the facility, telephone consultation by the parent with the healthcare provider is required, and treatment recommendations must be followed. If the condition does not improve you may be required to have the child seen by the doctor, returning with written clearance.
<i>Mouth Sores and Drooling</i>	The child may be required to submit a doctor's statement based on frequency.

The child may be excluded until a health care provider determines the medical condition is under control and not infectious to other individuals. Children may return with a doctor's clearance. If a child becomes ill with any of the above symptoms while attending the center, staff will notify the child's parent/guardian immediately.

Parents are asked to inform center staff and administration if their child has been exposed to or is diagnosed with chicken pox, rubella (German measles), rosella, lice, or other common childhood illnesses. It is crucial that other families be notified of their child's possible exposure to these illnesses. In the case of contagious illnesses, parents are required to keep the child at home until you obtain a written statement from the child's doctor that the child is free of contagious illness and may return to school. When considered necessary, the center may require additional medical information, examination, and/or medical tests prior to considering the child's continued participation in our program.

Allergies

Parents/guardians are responsible for notifying the center in writing of any food allergies or other allergies their child has (e.g., pollen, dust, food, bee stings, personal hygiene products, etc.). Parents are also advised to talk with their child's teachers and Family Health Advocate about any allergies their child has, so that all staff can be aware of symptoms and necessary treatment. Parents are responsible for providing center staff and Family Health Advocate with any other information on their child's medical conditions upon enrollment or as the parent becomes aware of them.!

EXCLUDED ACTIVITIES

The following are expressly forbidden in Easterseals Head Start/Early Head Start programs due to accident and general liability policies and risk of injury associated with the activity. These activities are not to be part of the curriculum or include any Easterseals Head Start/Early Head Start children.

1. Parades (does not include center-based parades involving only children and staff)
2. Aircraft (unless parked with controlled access and not operable)
3. Watercraft (unless parked with controlled access and not operable)
4. Motorcycle runs and automobile rallies (including all terrain vehicles and snowmobiles)
5. Fireworks or explosives of any kind
6. Firearms (even if inoperable)
7. Animals (other than those covered in the Animals sections of this handbook)
8. Carnivals and fairs with mechanical rides
9. Bounce houses (jumper houses)
10. Rock, Hip-Hop or Rap concerts—with admission over 500 people
11. Events including contact sports
12. Rodeos
13. Political rallies
14. Any event lasting more than 5 days (excludes day-to-day center activities)
15. Any event with greater than 500 people at any one time (including otherwise acceptable events)
16. Any event with liquor
17. Any activities by third party telemarketing, direct mail, or internet advertising (including spam) firms

PACIFIERS

The current recommendation of the American Academy of Pediatrics (AAP) regarding pacifier use is as follows: "If pacifiers are allowed, facilities should have a written policy that describes relevant procedures and guidelines."

Easterseals Head Start/Early Head Start written policy/procedure:

- Write down and follow any instructions or preferences from the child's parent/guardian;

- The parent/guardian should provide at least two new pacifiers (labeled with their child's name using a waterproof label or non-toxic permanent marker)
- Staff should inspect each pacifier for tears or cracks
- No sweet substances should coat the pacifier
- Pacifiers should not be clipped, pinned, or tied to an infant's clothing, and they should not be tied around an infant's neck, wrist, or other body part
- Pacifiers should be cleaned and stored open to air and in an area separate from the diapering area, diapering items, or other children's personal items when not being used by the infant.
- Pacifier use outside of a crib in rooms and programs where there are mobile infants or toddlers should not occur.

RESTRICTIVE FURNISHINGS

High chairs, walkers, bouncy chairs, "boppy pillows," tables with built-in seats or other restrictive furniture is not to be used in the Early Head Start classroom or socialization area during meal time or any other time during the day. These should be removed from the classroom.

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 should be aware and follow this safe sleep policy for infants. Staff and volunteers must have training and orientation on this policy and safe sleep practices before they are allowed to care for infants; before the first day of employment, volunteering, or subbing.

1. CRIB SAFETY

All Easterseals programs are required to comply with the U.S. Consumer Product Safety Commission Crib Standards Final Rule effective June 28, 2011. See Crib Safety at: [Crib Safety - U.S. Consumer Product Safety Commission](#) and follow the guidelines below:

- Use a firm crib mattress
- Use a tight-fitting sheet
- Use a safety-approved crib (the crib should meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission [DCFSC])
- Only one infant should be placed in each crib
- Soft or loose bedding should be kept away from sleeping infants (bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, fluffy blankets, cloth diapers, bibs)
- Blankets or other items should not be hung on the sides of cribs
- No monitors or positioning devices should be used unless required by the child's health care provider
- No items should be in a crib occupied by an infant except for a pacifier
- Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of cribs
- Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping seat, play pen or play yard, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib
- If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or teacher should immediately remove the sleeping infant from this seat and place him/her on his/her back in the assigned crib
- If an infant falls asleep in any place that is not their crib, staff should immediately move the infant and place them on their back in their crib.

2. LIGHTING

The lighting in the room must allow the teacher to see each infant's face; view the color of the child's skin, to check on the infant's breathing, see that the infant's head remains un-covered and placement of the pacifier, if used.

3. PLACEMENT

Infants should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infant's health care provider has completed a signed waiver indicating that the child requires an alternate sleep position.

4. ROOM TEMPERATURE

Teachers should check to ensure that the temperature in the room is comfortable for a lightly clothed adult. Infants should be checked to make sure they are comfortably clothed (not overheated or sweaty). Bibs, necklaces, and garments with ties or hoods should be removed. One piece sleepers or clothing designed for sleep should be used instead of blankets.

5. SUPERVISION DURING SLEEP

HSPS 1302.21

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

6. SWADDLING

Swaddling infants when they are in a crib is not necessary or recommended by the American Academy of Pediatrics. Rather a one-piece sleeper should be used. Staff may follow family practices for swaddling when the infant is awake.

UNIVERSAL PRECAUTIONS

PROTECTION FROM EXPOSURE TO BLOOD AND OTHER BODILY FLUIDS

HSPS 1302.47

"Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. When working with human blood or other potentially infectious material, it is important to take steps to protect yourself and children. Assume that all blood or blood-related products are infectious and always follow "Universal Precautions".

Staff receive annual training on Universal Precautions and prevention of transmission of blood borne diseases (blood borne pathogens). Infection control is best managed by the following universal precautions:

- Frequent hand washing;
- Use of disposable latex or water-impervious vinyl gloves;
- Use of disposable towels;
- Clean and sanitize contaminated areas; and,
- Dispose of infectious waste properly in a plastic bag with a secure tie.

For more information regarding Universal Precautions, infectious diseases or blood borne pathogens, consult the Centers for Disease Control and Prevention <http://www.cdc.gov/>, American Academy of

Pediatrics <http://www.aap.org>, Caring for Our Children, 3rd Edition <http://cfoc.nrckids.org/>, and US Dept. of Labor – Occupational Safety & Health Administration (OSHA) website https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf

CLEANUP KITS FOR BLOOD

HSPS 1302.47

Each center must have an accessible, clearly labeled, well-supplied and complete blood borne pathogen cleanup kit. (See Caring for Our Children 3: <http://cfoc.nrckids.org/> for instructions on cleaning up body fluids and. The kit may be commercially prepared or homemade. Either type of kit must be checked monthly by the assigned staff member or designee to ensure all items are serviceable. The annual Universal Precautions and blood borne pathogen training for staff includes how to use the kit.

HAND WASHING

HSPS 1302.47

As part of universal precautions to prevent the spread of germs and disease, hand washing is a focus of Head Start/Early Head Start. Children, staff, and volunteers wash hands with soap and running water when arriving each day and coming in from playing outdoors and

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing or helping a child with wiping their nose
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Hand washing procedures should be posted in hand washing, food prep, and diapering areas in classrooms and socialization spaces. See Caring for Our Children 3, <http://www.cdc.gov/handwashing/when-how-handwashing.html>, or state child care guidelines for hand washing procedure suitable for posting.

Gloves and/or hand sanitizers are not as effective as hand washing with water. Some germs get through tiny holes in the gloves. If using gloves, hand washing with soap and water still needs to occur. If in an area where running water is not available (e.g., field trip), staff or others can temporarily use wipes or hand sanitizer, but are to always follow-up with thorough hand washing with soap and water as soon as possible.

PROTECTIVE GLOVES

HSPS 1302.47

All personal protective supplies such as disposable nonporous (latex or water-impervious vinyl) gloves, are to be purchased, disposed of and replaced by the Partner program at no cost to the employee. The Partner program is responsible for making sure that protective gloves are available. An ample supply of protective gloves should be kept in supply closets, storage cabinets in the classroom, socialization area, and outdoor first aid kits etc.

ERSEA

HSPS 1302

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) systems provide for effective access to the program for children and families, including children with disabilities.

ELIGIBILITY AND ENROLLMENT

HSPS 1302.12

Head Start/Early Head Start provide free learning and development services to children ages birth to five and expectant families. The Head Start/Early Head Start program determines eligibility according to OHS regulations. In general, eligibility is based on family income at or below the U.S. Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty/15poverty.cfm>). Families with other situations including homelessness and children in foster care are also eligible. See the Easterseals ERSEA policies and procedures on the Easterseals Head Start webpage for specific information about eligibility and enrollment requirements.

REQUIRED TRAINING ON ERSEA

HSPS 1302.12

All program staff responsible for determining eligibility including all leadership team members, family service staff must participate in initial and at least annual training on ERSEA.

VERIFYING INCOME

Program staff must follow stringent rules and regulations when assessing the eligibility of families. During the interview process, program staff will conduct intentional conversations with parents about family income. They may request additional information from the parent or third party, if necessary, to determine accurate eligibility.

- Families must provide proof of income that supports their family for the past 12 months (e.g., pay stubs, pay envelopes, written statements from employers) or during the calendar year preceding the calendar year in which the application is submitted (i.e., their Individual Income Tax Form 1040, W-2 forms). The 12 month period chosen should most accurately reflect the needs of the family at the time of application.
- If a family cannot produce proof of income due to receiving cash payments, having zero income, currently experiencing homelessness, or unable to produce a paystub from a previous job prior to their current employment, the parent must provide, in their own handwriting, a statement about their income for the previous 12 months, sign it and date it.
- Special considerations apply to the calculation of family income for teen parents living at home (if they are not working or receiving child support, their income is zero) and military families (military pay related to duty subject to hostile fire or imminent danger and military basic allowance paid for housing are not included as income).
- Children whose families are currently receiving public assistance (TANF and SSI), homeless, or children who are in foster care are categorically eligible for the program. No income calculation is required.
- Once Early Head Start children have been determined to be eligible, her or his family does not need to re-qualify unless she or he wishes to transition into the Head Start/Early Head Start program, except for migrant and seasonal programs in which case children need to re-qualify each year.

- Once Head Start/Early Head Start children have been determined to be eligible, her or his family does not need to re-qualify for the succeeding year (year two) except for migrant and seasonal programs in which case children need to re-qualify each year.
- If it is determined, after the child is enrolled, that the parents falsified information, the child will NOT be withdrawn from the program. However, program staff will request additional income documents from the parents and revise the eligibility category (e.g., under- income, over-income, TANF, SSI, foster care, homeless) used to enroll the child) used to enroll the child.

REQUIRED ERSEA DOCUMENTATION

Once staff responsible for verification of income have received the required Eligibility and Enrollment training (EET), they are responsible for completing the Eligibility/Income Verification form. Staff are to ask families if the income documentation that they have provided is complete and reflects the total family income and if there is anyone else in the family that is working and also has income to be reported.

RESIDENCE IN THE DEFINED SERVICE AREA

- Families are asked if they reside within the Head Start/Early Head Start defined service area

ACCEPTANCE

HSPS 1302.15

The parent, guardian, grandparent, or kinship caregiver of children and pregnant women will be selected and the enrollment process will be completed in an acceptance meeting.

PROCEDURE:

Acceptance means a child or pregnant woman has met the eligibility requirements and has completed the enrollment process.

Eligible children and families are selected for enrollment based on selection priorities as defined in the selection procedure and invited to participate in an acceptance meeting.

Acceptance meeting are scheduled when an application has established eligibility, submitted requirements for enrollment, and has been approved by one of the Eligibility Team Members.

All families must participate in an Acceptance Meeting prior to attending as part of the enrollment process.

The Family and Health Advocate will utilize the Enrollment Document Checklist to ensure that all documents needed for enrollment are completed and the parents/guardians/caregiver receives an overview of Head Start or Early Head Start. The Enrollment Document Checklist is updated to reflect the requirements as they occur.

All children receive at least one direct service during the Acceptance Meeting: ASQ-SE, or ESI are administered and/or Family Assessment is completed.

Applicants must submit required health documents for the program option prior to the child's attendance. Home-based enrollees have 90 days to submit health requirements. Enrollees in a center-based program must have at least minimum health requirements complete prior to attending. When a parent, guardian, grandparent, or kinship caregiver completes the acceptance meeting and has provided at least minimum health requirements to child is considered ready to enroll.

ENROLLMENT/ENTRY DATE

HSPS 1302.15

Applicants are considered enrolled when they have completed eligibility, have been selected, have been accepted and attended at least one class or has received at least one home visit, or has received at least one direct service while pending completion of necessary documentation for attendance in a center, based on state or local licensing requirements. For Early Head Start, enrollment includes all pregnant women that have been accepted and received at least direct service. HSPS 1304.20(a)(1)

RE-ENROLLMENT

HSPS 1302.15

If a child is currently enrolled in Head Start/Early Head Start, parents may re-enroll him or her for the next year, if the child continues to be age eligible. The family services staff or home-based manager/supervisor are to contact parents with exact dates and times for the re-enrollment process. Children are enrolled until they are age-eligible for kindergarten. Re-verification is not necessary unless the child is age eligible to attend Head Start/Early Head Start for a third year, at which time the family's income must be re-verified.

The slot for the expectant family in EHS becomes an "enrolled" child when the baby is born and the child continues in either EHS home or center-based services. Expectant families do not need to re-qualify or re-enroll when the child is born. However, additional paperwork must be completed related to the newborn child's information (e.g., name, birthdate). Once enrolled, Early Head Start children remain enrolled until their third birthday.

For programs operating both EHS and HS - When a child is transitioning from EHS to HS, the program will then have to re-verify income to be considered for eligibility and selection for the Head Start/Early Head Start program. If income eligible, they will automatically be selected and enrolled in Head Start/Early Head Start as slots are available. If no longer income eligible, they are considered for the 10% over-income slots using the selection criteria. Families not receiving immediate enrollment will be placed on the waiting list.

RECRUITMENT

HSPS 1302.13

Recruitment is everybody's business in Head Start/Early Head Start! Full enrollment depends on the quality and implementation of a recruitment plan developed by the program. The recruitment plan should detail how staff and program parents are involved in the recruitment process. Staff will document all recruitment efforts including actively locating and recruiting children with disabilities. Staff will solicit applications from as many eligible families as possible using, but not limited to, the following recruitment tools as available:

- Community partnerships
- Flyers
- Door hangers
- Public Service Announcements
- Billboards
- Community Canvassing
- Banners/Head Start/Early Head Start Center Signage
- Mail Outs
- Word of Mouth

ATTENDANCE

HSPS 1302.16

Parents/guardians will review the attendance procedure and sign to acknowledge the review as part of the enrollment agreement during the acceptance meeting prior to enrollment. Family and Health Advocate will emphasize the parent's responsibility to inform the program of child's absence. Center Directors will appoint two persons to be responsible for entering attendance. Center staff will be trained by Family and Health Coordinator annually and as needed.

Center staff will record manual attendance by 10am daily and enter corresponding attendance into COPA by the end of each day.

Center staff will record children in attendance with appropriate code. If the reason for the absence is known, the staff will enter the appropriate reason code from the drop down list in COPA and write a statement with specific information regarding the absence in the comments section.

Comments must be specific and not just repeat the general reason. Example: such as do not use home sick or home with mom or dad as the comment; specify type of sickness and/or why they are home with mom or dad.

Family and Health Advocate (FHA) will follow-up on attendance daily to support families and encourage attendance:

- First day of absence: FHA will call the parent/guardian; if the parent is not contacted, the FHA will leave message on answering machine of concern regarding the absence and asking the parent to contact him/her. FHA will enter result into comments.
- Second day of absence: FHA will call the parent. If no contact, FHA will call emergency contacts listed on the emergency card explaining that the child is not in school and asking the emergency contact to ask the parent to contact the FHA. FHA will enter result into comments.
- On the third consecutive day of absence with no call or contact, the FHA will send an attendance alert letter to parent/guardian. This letter is a standard template expressing concern, reminding the parent of the absence procedure with a date when eight consecutive days will accumulate, and requesting the parent to call or contact the program. FHA will enter result into comments.
- On the fourth consecutive day of no contact, the FHA will visit the home address for a wellness check following the agency's home visit safety procedure. If the parent is at home, a conversation expressing concern and offers of possible support to resolve the attendance will be given. FHA will enter the fact that a home visit was attempted and a detailed case note will be entered into COPA case notes.
- The FHA will make contact with the parent/guardian of a child who has been absent four consecutive days even if absence reason is known and enter a case note. The comment on the fourth day can say 4-consecutive day follow-up and refer to case notes for details.
- The FHA will enter a case note indicating when the child returned to school.

If contact is made with the parent, the reasons for the absences are discussed, support for resolving the issues are offered, and when the child will return are discussed. The days of consecutive absence with no contact will end even if the child does not immediately return to school.

Referrals and services will be offered to parents/guardians as needed and case noted in COPA. The comment under attendance should reference the case note.

The FHA will continue calling the parent daily until the tenth consecutive day of no contact with the family. After 10 consecutive days of absences with no contact with parent or guardian, the child's slot will be considered a vacancy.

AVERAGE DAILY ATTENDANCE

HSPS 1302.16

On a monthly basis the PFCE Manager, is responsible for tracking average daily attendance records for each child, individual classrooms, centers, and the program as a whole. Home-based attendance does not figure in to the average daily attendance for the program. Monthly home-based attendance is tracked at the program level.

Should the monthly average daily attendance fall below 90% of actual enrollment, the family services staff will analyze and document the causes of absenteeism on the Monthly Program Summary Report. The goal of 90% average daily attendance is focused on the overall outcomes for children – research in Head Start/Early Head Start is clear that children whose attendance is regular fare better and are more successful in the future than children whose attendance is sporadic. Benefits of regular attendance are to be emphasized to the parents while, at the same time, remaining sensitive to special circumstances. Analysis of average daily attendance is to be conducted for two types of absenteeism. The first is three days of consecutive absences (as described above), and the second is low monthly and/or accumulative attendance percentages. This information is to be reported to the center director and the staff person responsible for the overall family services content area. Monthly average daily attendance is gathered on all centers. If the average daily attendance falls below 90%, the program must do an analysis of the reasons and develop a plan for improvement.

CALCULATING AVERAGE DAILY ATTENDANCE

Average daily attendance is calculated for each class by taking the total of number of children present for each day of the month (actual attendance) divided by the number of children that could be present if attendance was at 100% each day (opportunities for attendance).

DAILY OPERATIONS

SCHEDULE OF OPERATIONS

HSPS 1302.21; 1302.22

The hours during which the directly operated and child care partner centers are to be open, as well as each staff person's specific assigned work hours, are determined by the Head Start/Early Head Start Director and the child care partner Center Director to best meet the needs of children and families served and with regard to the Head Start/Early Head Start Performance Standards and the program budget.

Home-based home visits and socializations are to be scheduled with consideration of the family's schedule and may not always be possible during regular working hours (i.e., nights and weekends may be required). Every effort is to be made to create consistency in the scheduling of these engagements because stability and predictability is important for children and families. Home-based staff attempt to schedule at least one day per week without home visits in order to plan, complete record keeping and other responsibilities.

The program will provide parents with a calendar of program dates of operation, scheduled closures, breaks, and holidays.

INCLEMENT WEATHER, DELAYS AND CLOSURES

HSPS 1302.21

During inclement weather the center may be closed or have the need to close early. If the center closes early during the day due to inclement weather or other unforeseen circumstances, parents will be notified and expected to pick up their child as quickly as possible. Parents should call the center if they have questions regarding emergency closures due to weather conditions.

EMERGENCY SCHOOL CLOSURES

In the event of a crisis situation (i.e. tornado, fire, earthquake or civil disturbance) that prohibits you from remaining in the Head Start/Early Head Start facility, you are to evacuate to your designated safe haven. The emergency number for Easterseals is 708.330.4490 for the suburban program and 708.434.2525 for the Chicago program. Signs will be posted indicating where the temporary shelter is located. Parents will be called as soon as possible in the event of an emergency.

- No child will be dismissed from school unless a parent/guardian (or an individual designated on the New Child Notice) comes for him/her.
- All parents/guardians must sign the child out from the classroom or from the temporary shelter.

Every center is to have a weather radio. Planning in advance for school closures is critical and is to be clearly spelled out in the program's emergency preparedness plan/manual (See ACF-IM-HS-09-09 dated 12-14-2009 "Emergency Preparedness"- the template is available on ECLKC). When severe weather conditions occur, staff are to make the following preparations:

- Administrative staff are to monitor weather conditions and keep other staff members informed.
- In addition to ample emergency and first aid supplies, food and water is to be available for employees, parents and children who may become stranded at the center
- If the building conditions are not adequate, the staff are to make alternative arrangements to have the building evacuated to the pre-determined safe haven location.

ARRIVAL & DEPARTURE OF CHILDREN

Arrival & Departure Procedures

Easterseals Head Start/Early Head Start arrival and departure procedures outline when children should arrive at the program, when they should leave, and who is authorized to pick them up.

Parents/guardians must follow these guidelines when dropping off and picking up their child to ensure the safety and well-being of the children in the center. Children will only be released to the individuals authorized on the emergency contact form.

Arrival Procedures

Children are expected to arrive at the center according to the time on their individual drop-off agreement. There is a 30-minute grace period. Children are asked to arrive by a certain time so that center management can determine each room's meal count and to ensure children transition successfully into their daily routine. If a child arrives 30-minutes late and has not already eaten, you may request that the parent stay in the classroom while their child eats the center-provided breakfast, brushes teeth, and transitions into morning activities.

Departure Procedures

Children will only be released to an adult, 18 years of age or older, who is authorized to pick up the child (as noted on the "Emergency Contact" form completed at enrollment). Only in emergencies will someone other than the authorized adult(s) be able to pick up a child. In these emergency situations, staff must be able to contact the parent and/or guardian on one of the numbers provided on the

emergency contact form. If staff are unable to contact the family member, the child will not be released to the unauthorized individual. After verbal consent is given, parents must add the additional individual to the pickup list in person the next business day. Anyone newly authorized by the parent to pick-up the child will need to provide a legal photo ID.

Under the laws of the state of Illinois, both parents have the right to pick up their child, unless a court document restricts that right. The enrolling parent who chooses not to include the other parent on the authorized list must file an official court document (e.g. current restraining order, sole custody decree, divorce decree designating sole custody). Absent that document, the program may release the child to either parent, provided that parent documents his/her paternity/maternity of the child.

DCFS licensing standards state that we are unable to release a child if there is a question of the adult's ability to ensure the child's safety. If a parent arrives to pick up a child in an apparently inebriated state, the following steps will be taken:

- Persons on the emergency contact list will be called to pick up the parent and child.
- The parent will be reported to the police along with their license plate number.
- The center will contact the Department of Children and Family Services.
- A meeting will be held with the family within 24 hour

SUPERVISION

HSPS 1302.23

The assigned staff members with direct and indirect responsibility for children must ensure that there is adequate coverage (i.e. appropriate staff to child ratios) at all times. When a situation arises that would result in inadequate coverage, the assigned staff member with direct responsibility must contact the Center Director or other designee identified as in charge of the program, prior to any staff member with direct responsibility leaving the participant. The Center Director/Owner is responsible for ensuring required staff to child ratios.

DEPARTURE/RELEASE OF CHILDREN

HSPS 1302.47

If someone other than the parent is going to pick up the child, the parent is required to contact the center in advance. At the time of enrollment, the parent is to have indicated who is authorized to pick up the child other than the parents. Only individuals listed on the form, or on an update or addendum contained in the child's file, are authorized as a responsible adult(s) to whom the child can be released.

All persons listed as an emergency contact must be at least 18 years of age. All changes to this form must be made in person and must be signed by the parent or legal guardian. Only paid Head Start/Early Head Start staff are authorized to release children. Volunteers, other parents or foster grandparents are not authorized to release children. Under no circumstances are staff to release a child based on a phone call, fax, or note if the designated person coming to pick up the child was not listed on the form signed by the parent at the time of enrollment or when making a change or adding additional names to the list of authorized individuals.

Staff must check picture identification of individuals with whom they are unfamiliar prior to releasing a child. 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, authorized individual, or a designated emergency contact person.

FEES/LATE FEES AND TUITION

HSPS 1302.18

Parents of children enrolled in the center or home-based program are not to pay a fee or tuition for participating. If additional fees are required, they are to be for non-Head Start/Early Head Start-services (e.g., extended hours or days of the week or year). When fees or tuition are to be charged a schedule for them must be clearly written, attached as an addendum to the *Easterseals HS/EHS Family Handbook*, and be posted in the classroom.

There may be times during field trips when an attendance fee for others is required (e.g., another non-Head Start/Early Head Start child, a friend or relative). This is to be made known during announcements and in written materials pertaining to each specific field trip.

PEDESTRIAN SAFETY TRAINING

HSPS 1303.74

All children and families will receive training in pedestrian safety within 30 days of the child's program "enrollment/entry date." Easterseals and center staff train parents and children on pedestrian safety in accordance with the Head Start/Early Head Start Program Performance Standards. This training includes:

- The need for an adult to accompany a child while crossing the street;
- Ways for parents to reinforce the guidance their children receive from center staff about riding the bus, if applicable;
- Safe riding practices;
- Safety procedures for crossing the street and to and from the vehicle; and,
- Recognition of danger zones around vehicles.

In addition, for children who are transported by bus for field trips the training must also consist of:

- Safety procedures for boarding and leaving the bus;
- Safety procedures in crossing the street to and from the bus at stops; and,
- Emergency evacuation procedures.

Easterseals HS/EHS requires that at least three (3) bus evacuation drills are conducted during the full-year program, including one during the first 30 days of program operations or within 30 days of an individual child's enrollment/entry date.

The training for children will be documented in each classroom's lesson plans. Parent training will be documented on Parent Committee agendas or minutes, including the attendance sheet. For parents who do not attend the parent committee meeting when pedestrian safety training is presented or for those whose children's enrollment/entry date is after the initial training takes place, parent training will take place within 30 days of child's enrollment/entry date and documented on the first home visit or in contact notes in the child's file or COPA case note.

EARLY CHILDHOOD EDUCATION AND CURRICULUM

STAFF QUALIFICATIONS/CURRICULUM, TEACHING PRACTICES, AND ENVIRONMENTS

HSPS 1302.91

TRANSCRIPT REVIEW

To ensure teachers at each child care partner center meet DFSS (Chicago only) and Head Start/Early Head start staff qualifications.

The HR Coordinator will:

1. Receive transcripts for review;
2. Review transcripts;

Through full implementation of a research-based curriculum, Easterseals HS/EHS programs create active learning environments that engage all of the child's senses by providing furnishings, materials, activities, structure, and positive teacher-child interactions. See ECLKC National Center on Quality Teaching and Learning for information and resources on the framework for effective practice and the Head Start/Early Head Start Child Development Framework. Staff must have opportunities for training and curriculum materials to fully implement the program's selected curriculum and ongoing assessment tools.

Teacher-child interactions are the foundation of quality early childhood education. Easterseals HS/EHS uses The Classroom Assessment Scoring System (CLASS™) for professional development, classroom observation and feedback, and monitoring the quality of classroom interactions. The focus on CLASS™ strengthens interactions that promote emotional support, classroom organization and management, and instructional support. The teacher's positive and nurturing interactions with the children throughout the day are central to creating quality educational experiences.

SCREENING AND ONGOING CHILD ASSESSMENT

HSPS 1302.33

Screening Reliability

To ensure all Head Start/Early Head Start children are screened appropriately.

All Teachers and necessary center staff will have to go through the ESI Screening Reliability Process before they are able to administer any screenings.

- Teachers will attend a 2 hour training on the ESI which includes the purpose, overview and process of the screening.
- Teachers will then be observed by an Education/Inclusion Coach or Inclusion Coordinator as they perform a screening. Based on the result of the observation, the teacher will be given a certificate and allowed to screen children or the teacher will be coached until found reliable.
- The Education/Inclusion Coach or Inclusion Coordinator will review screenings on an ongoing basis to ensure teacher is completing screenings reliably.

What is developmental screening?

Developmental screening is designed to get a quick idea of where a child is at in terms of the developmental milestones typical for his/her age.

Screening Consent

During enrollment, parents are asked to sign a screening consent form.

Screening tools and methods used

At Easterseals HS/EHS childcare partner Centers and directly operated program, each child is screened by his/her teacher/home visitor within the first 45 days of enrollment. The Ages and Stages Questionnaire (ASQ) is used for children 0-3, and the Early Screening Inventory Revised (ESI-R) is used

for children 3-5. In addition, the ASQ: Social Emotional (ASQ:SE) is used for all children 0-5, and parents are also asked to complete the ASQ:SE and turn it in to the teacher/home visitor for scoring.

Results

Teachers share written results of all screenings with the child's parent(s) or guardian. If the results indicate any area(s) of possible concern, staff will meet with parents to make recommendations, including referral for in-depth evaluation if indicated.

The screenings are located in the child's education file, which is kept in a locked cabinet in the classroom and is accessible only to staff responsible for the child's learning (the child's classroom teachers and administrative staff). For purposes of program monitoring, the following people also have access to the education file: the Easterseals team and the City of Chicago Early/Head Start education monitor.

Staff will not share screening results or any other confidential child information with any other person or agency unless the parent/legal guardian has given specific signed consent.

What is developmental assessment?

Developmental assessment is an ongoing process of monitoring a child's developmental progress.

Purpose

There are many purposes for ongoing assessment: getting to know the each child's interests, needs and learning style in order to guide curriculum planning; setting developmentally appropriate goals for individual children; communicating with families about their child's development; identifying each child's progress, areas of strength and areas where additional support might be needed, including referral for in-depth evaluation if indicated; identifying strengths and challenges of the teachers/classroom/program as a whole so that improvements can be made.

Assessment tools and methods used

Assessment is an ongoing process using several methods:

- Weekly written observations by the child's teacher
- Child portfolio – photos, including those of work samples such as artwork, that show the child's accomplishments
- Input from parents and family members who see the child in the home environment
- Teaching Strategies GOLD Developmental Checklist – completed by the child's teacher every 3 months utilizing information gathered through the above methods. The GOLD looks at the developmental areas of Social-Emotional, Physical, Language and Cognitive, and the curriculum content areas of Literacy, Mathematics, Science and Technology, Social Studies and The Arts. The GOLD was designed for use in child development programs for the purposes listed above.

Results

Teachers/Home Visitors share the written results of the GOLD Developmental Checklist with the child's parent(s) or guardian four times per year at parent-teacher conferences, home visits or other scheduled meetings. Twice per year, at parent-teacher conferences in the fall and spring, the teacher together with the parent(s) sets developmental goals for the child based on the assessment results. At any time, if the results indicate any area(s) of possible concern, staff will meet with parents to make recommendations, including referral for in-depth evaluation if indicated.

A hard copy is located in the child's education file, which is kept in a locked box in the classroom and is accessible only to staff responsible for the child's learning (the child's classroom teachers and administrative staff). For purposes of program monitoring, the following people also have access to GOLD online: the Easterseals education team; Program Design and Management team, the City of Chicago Early/Head Start education monitor (Chicago Only) ; and the CPS Community Partnership Program monitoring team (Chicago Only).

Staff will not share assessment results or any other confidential child information with any other person or agency unless the parent/legal guardian has given specific signed consent.

TEACHING STRATEGIES GOLD AND COPA MONITORING

HSPS 1302.32

To ensure that data between the two systems-Teaching Strategies GOLD and COPA are the same. Data from both systems will be reviewed and compared.

The Data Management Specialist will do the following for each child care partner Center and directly operated Center:

1. Generate reports from COPA.
2. Generate reports from Teaching Strategies GOLD.
3. Compare and analyze the data by placing it into the monitoring chart/report.

Schedule of monitoring:

- Coaches monitor weekly
- Education Coordinator and Manager monitors monthly
- PDM Team monitor bi-monthly

Data that is monitored includes: number of children in each system (Teaching Strategies GOLD, COPA), colorband/PIR age, observations, home language survey (does the score reflect the primary language), parent teacher conferences, home visits, ASQ, ESI, and preliminary assessments.

The Education Inclusion Coordinator then shares this information with the Education Managers and the Education/Inclusion Coaches. Education Inclusion Coaches share information with Education Inclusion Coordinators. Information that is not complete, insufficient, or missing is discussed and completed by the center staff.

LESSON PLAN TRACKING/MONTHLY REPORTING

HSPS 1302.31

To support child care partner centers and directly operated Centers with developmentally appropriate instruction.

Coaches are to complete the lesson plan tracking form for each lesson plan that is reviewed. For any discrepancies, the coaches are to follow up with the teacher that developed the lesson plan to work collaboratively on ways to ensure that children are being individualized for and are receiving developmentally appropriate instruction. Education/Inclusion Coaches are to have the Education Inclusion Coordinator sign the lesson plan tracking form once complete. The reports are kept by the Education/Inclusion Coach.

To ensure that services are being provided to the children and families we serve.

Coaches and Coordinators are to complete and give a copy of the Education Monthly Report/Tracking to the Education Managers monthly for review. The report gives a snapshot of the monthly events that

the given coach has supported their Centers with, challenges and goals. Reports are run for home visits and parent teacher conferences. A separate monthly report is generated separately for Head Start and Early Head Start. The reports are shared with the Parent Policy Committee/Council.

See National Center on Quality Teaching and Learning on ECLKC.

Easterseals HS/EHS strives for effective individualization and accurate assessment of children's development and learning by implementing the following strategies:

- Teachers regularly communicate with parents and receive their input on individual goals for their child.
- Teachers create weekly lesson plans with individual children in mind using individual plans developed with parents at least three times a year following each assessment checkpoint.
- Individual goals for each child, including IEP goals for children with disabilities, will be documented on the lesson plan with a specific activity at least once each week.

In addition to documenting individual goals on the lesson plan, staff may also document their plans to address curriculum and school readiness goals on the lesson plan. As teachers plan around the individual child, curriculum, and school readiness goals, they will have ample opportunities to record a sufficient number of anecdotal observations to accurately complete the ongoing assessment tool for each child. Staff will meet individual children's learning styles and interests and provide specific opportunities for individualized learning. Staff must also document their plans to address health/dental health, safety, nutrition, mental health, and pedestrian safety at least once a month on lesson plans.

Lesson plans are prepared by teachers with input from the parents. Plans are reviewed by the center supervisor and/or the education/inclusion coach and posted in the classroom, and filed for future reference and monitoring.

EHS CENTER-BASED

See EHS National Resource Center on ECLKC.

Individualized and responsive care through predictable routines carried out by consistent teachers is the foundation of the EHS classroom curriculum. Everyday routines and rituals, such as naptime and diapering, provide rich opportunities to support infant's and toddler's development of secure relationships and self-regulation skills. Early Head Start teachers and caregivers understand that all learning takes place in the context of relationships. The daily schedule in Early Head Start is responsive to the individual, unique needs of the infants and toddlers enrolled in each group.

HOME-BASED PROGRAM HS/EHS

A home visiting curriculum is to be used by program staff that is in line with the Head Start/Early Head Start Program Performance Standards and facilitates the parent's role as the primary educator of their child in achieving optimal developmental outcomes. In the context of strengthening the parent-child relationship, interactions are to be facilitated that address all child developmental domains, including social, emotional, language, cognitive, and motor skills.

Weekly family lesson plans are to be prepared by the home visitor jointly with the parents. Plans are to be reviewed by the home-based manager/supervisor and filed for future reference. Weekly activities are to be planned as appropriate for each family to include each child's stage of development in areas such as fine and gross motor, sensory, perception, cognition and problem-solving. Woven throughout

the activities are to be opportunities for the child to develop social competence, self-esteem, creativity and approaches to learning.

Each home visitor is to provide and document a 90 minute home visit per week to each family. Visits cancelled by the home visitor must be rescheduled when the parent's time allows. Home visits missed or cancelled by parents are to be counted in the number of home visits provided by the home visitor and may be rescheduled when the home visitor's schedule allows. All home visit "attempts" and missed appointments must be documented with the reasons why. Programs must have plans to continue home visits when a home visitor is not available to work for an extended period of time (due to an illness or a vacant home visitor position, etc.).

Home visits are to be conducted in a family's home (which includes homeless and domestic violence shelters) unless extraordinary circumstances exist when a short-term alternative location may be necessary. If staff accompanies a family on a medical or social service appointment, this does not constitute a home visit and cannot replace a home visit.

Home visits with families who have newborns will be initiated with reduced frequency and duration to respect the family's need for rest and adjustment to new routines. Home visits to families with newborns will not begin before the baby is two weeks old. Following this transitional period, visits will be conducted on a weekly basis.

Home visits must, over the course of a month, contain elements of all Head Start/Early Head Start program components. Therefore, parent-child interaction activities include education/child development and family literacy activities, interactive health, dental, mental health and nutrition activities.

The duration of socializations will vary according to the developmental level of the children in attendance. There is not a required set length of time for socializations.

If the program cancels a socialization, it will be rescheduled to fulfill the required number of socializations offered annually. According to the Head Start/Early Head Start Performance Standards, parents are not required to participate in activities as a condition of their child's enrollment in the program (including socializations). However, programs are required to provide this service and are to encourage parents' attendance. Socializations will be planned activities; home-based staff will develop a plan/agenda for the socialization time with input from the families. Plans/agendas are to indicate how the time period is to be used, activities children and parents are to be engaged in as well as the purpose or learning objective, and if any "special" activities are planned for the socialization (e.g., visit from the firemen and fire truck, a special music activity led by a parent or guest artist).

Infants and Toddlers

The purpose of socialization activities for Early Head Start is to support child development by strengthening the parent-child relationship. All socialization experiences are planned to address child development learning objectives, parenting, and the parent-child relationship. Socialization experiences support the goals established during home visits. It is important to build a link between activities and discussions during home visits and socializations – these are engagements that are to build upon one another and work on complementary goals in different settings.

Staff are to weigh the benefits when forming groups to participate in socializations (e.g., developmental level, mixed ages). Since the focus of these engagements is on parent-child interactions, staff are to encourage parents to arrange for siblings to be cared for outside of the

socialization setting. To further support the relationship-building focus of socializations, parents and infants are together at all times. If an activity is planned that is parent-focused, such as a facilitated discussion, parents can participate with their infants nearby. However, formal parenting education where the focus is exclusively on the adult is to occur during times other than socialization.

It is important that the environment in which socializations for infants and toddlers are held promotes stability and predictability. For this reason, the majority of socializations planned for infants and toddlers are to be in a consistent, designated location. However, this space need not be used solely for socializations.

CLASSROOM ENVIRONMENTS AND DISPLAYS

Classroom environments and displays in classrooms and socialization spaces are to reflect the culture, traditions, families and activities of all children in the early childhood classroom. Staff are encouraged to use photographs of the children and their families, as well as specific rituals and milestones, which are relevant to the specific experiences of the children and families enrolled in the program.

Items made by the children and their families are desirable as they are highly personalized expressions of culture, values and identity. Displays are to be at children's eye level. In an infant/toddler room, photos and other interesting visual items are to be placed at an appropriate height so a child will see them while being carried, rocked in a rocking chair, or directly on the floor so a child will see them while crawling or toddling on the floor. Displays are part of the learning environment. For more information on environments and displays see ECLKC/National Center on Quality Teaching and Learning/Designing Environments (In-service Suites).

Easterseals HS/EHS child care partners (center-based and home-based) are not to use commercially made displays, dittos, coloring book pages, teacher-made or identical group produced art projects. At best, manufactured displays generalize about families and cultures to be commercially viable. At worst, these displays trivialize and insult essential elements of a child's identity. Home visitors may find that parents choose to use dittos, activity books and/or coloring books with their children. This is for parents to choose. Nonetheless, the home visitor is not to introduce these items as part of any home visit or socialization activities. Home visitors look for opportunities to share with parents the value of open-ended art and language experiences for their child.

FOOD EXPERIENCES

Food is to be used only to create edible projects or cooking experiences. Food is not to be used for non-edible art projects or sensory experiences (e.g., macaroni pictures/necklaces, finger painting with pudding, rice in the sensory table). Easterseals HS/EHS encourages cooking and food preparation activities as part of regular curriculum activities in both center and home-based programs. Nature-based activities may include growing a garden with vegetables that the children pick and eat.

HOLIDAYS AND CELEBRATIONS

Easterseals HS/EHS child care partner centers are to provide meaningful experiences for children that are reflective and respectful of family traditions from all children in the classroom. In order to respect the values and beliefs of all families, classroom staff will not plan or hold holiday parties and activities that promote any specific holiday or any particular means of celebrating a holiday. Teachers will not "teach" about specific holidays. Teachers are encouraged to talk with families about sharing some of their celebrations or holiday traditions to provide developmentally and culturally appropriate experiences for the children. Conversations about the many ways people celebrate are encouraged and will be included as teachers plan to create a multicultural and anti-bias curriculum.

END OF YEAR CELEBRATION

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 adult focused graduation activity (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/Early Head Start age children. Suitable activities that involve parents, children and staff include picnics, potluck gatherings, family dances, or an outdoor fun day. In addition, activities that place undue economic hardship on families (requirement for “dress-up” clothes or special outfits) are also unsuitable. Easterseals HS/EHS enthusiastically supports appropriate parent/child/family/staff activities celebrating together.

OUTDOOR PLAY - NATURE-BASED OUTDOOR CLASSROOM

Center-based staff are to view the outdoor setting as an extension of the classroom and a natural setting in which learning and interaction can occur. The outdoor setting is not viewed as a playground where “recess” happens but rather as an “outdoor learning environment.” Staff facilitate the outdoor learning process and environment in the same manner as they do when indoors.

Daily outdoor activity is a planned part of each day in both Head Start/Early Head Start programs.

- In full-day classrooms (more than six hours per day), children are to be outdoors at least one hour per day and longer when weather permits. It is not required that this be all at one time.
- The curriculum is child-directed with teacher preparation and facilitation of the outdoor learning centers.
- Staff are to actively supervise and place themselves where all children are visible at all times and interact with children outside as they are expected to inside.
- Groups of teachers are not to gather to visit or “take a break” -- the children are the primary focus.
- Staff /child ratios must be met at all times.
- Centers with several classrooms ensure each group of children have scheduled outdoor time based on space and minimum outdoor time requirements.

If children are well enough to come to the program they are considered well enough to go outdoors. Individual child needs are to be appropriately addressed; some children (e.g., a child exercise or cold induced asthma) may have different needs in terms of outdoor activities. Staff are to work with the parents and health care provider to find out the child’s triggers so they can be addressed or avoided and the child may enjoy outside time.

Children are to go outside every day except in unsafe conditions. 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, lightening, wind-chill, heat index, air quality). If children are dressed properly, moderate weather conditions should not pose a health risk. All classroom staff and children must also be prepared, with appropriate clothing and shoes, to comfortably, safely, and actively participate in outdoor activity. Classroom staff are to encourage parents to supply appropriate clothing allowing for the weather.

Home visitors and parents are to create a balance of indoor and outdoor learning experiences for children during home visits and socializations. The outdoor setting is to be viewed as a natural setting in which learning and interaction occurs. When outdoor activities are planned, staff and parents are expected to go outside with the children and facilitate the learning process and environment in the same manner as indoors.

REST/NAPTIME

Easterseals HS/EHS child care partners will provide a rest/naptime in all of our center-based programs. There will be two staff in the classroom at all times, including and especially during nap time.

Head Start/Early Head Start children may need a rest time to help them relax and unwind from their busy morning schedule. A quiet time in the daily schedule enables them to have a more positive afternoon and be a happier child at home at the end of the day. If a child does not go to sleep during rest or nap time, he/she is allowed participate in a quiet activity that does not disturb the other children.

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.

Early Head Start children are allowed to rest and nap based on their individual needs and sleep patterns. The older two-year olds and three-year olds may begin resting at a more consistent time; however they will be permitted to take additional rest periods as needed.

A CHANGE OF CLOTHES

Ask parents to provide a change of clothes appropriate for the season. See *Easterseals HS/EHS Family Handbook*

TOILET TRAINING

HSPS 1302.47

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.

The decision on when to begin toilet training should be based on the child's developmental readiness. Readiness cues may include the following:

- Stays dry for at least 2 hours at a time, or after naps.
- Recognizes that s/he is urinating or having a bowel movement.
- Is developing physical skills that are critical to potty training—the ability to walk, to pull pants up and down, and to get onto/off the potty (with some help).
- Copies a parent's toileting behavior.
- Can follow simple instructions.
- Expresses interest in using the potty.

Parents are asked to let their child's teacher know when they begin seeing these readiness cues at home and are thinking of beginning toilet training at home. Likewise, the teacher will let the parent know when the child begins showing readiness cues at school. The teacher and parent can then develop a plan to support the child with toilet training at both home and school.

0-3 Program

Toilet training is a major learning experience for young children. Teachers/Home Visitors will approach toilet training within the context of supporting the child's self-esteem and independence. Toilet training involves discussing, undressing, going, wiping, dressing, flushing, and hand washing, and teachers/(parents with support of home visitors) will reinforce the child's success at each step. The child will be encouraged to complete all of the steps independently to the extent possible, but the

teacher/(parent with support of home visitor) will provide hands-on assistance as needed with managing clothing and wiping.

Preschool (3-5) Program

In preschool, there is additional emphasis on independence in completing self-help tasks. The general expectation is that children will be able to take care of most aspects of routine daily toileting on their own, including wiping themselves with toilet paper. Occasionally children may need assistance with their clothing when performing higher level fine motor tasks such as buttoning, buckling, etc. Teachers will provide verbal prompting as needed and hands-on assistance for dressing tasks as needed. Because children's fine motor and self-help skills are still developing, it is to be expected that children may not do a perfect job of cleaning themselves. Parents should continue to work with their child at home on these skills.

If a preschool child has a toileting accident, the teacher will call an additional staff person to the classroom to monitor, and will physically assist the child as needed in cleaning up with wet wipes and changing clothes.

Different children have different needs. If a preschool child requires hands-on assistance from an adult to complete routine daily toileting tasks, an individual toileting plan will be developed. The plan will be written, will specify the tasks to be completed by the child and by the teacher, and will be signed and dated by the parent, teacher, and family and health advocate. The plan will be reviewed and updated by the parent, teacher and family and health advocate at least every six months and more often if needed.

VIDEO, DVD, TV, AND COMPUTERS

Appropriate early education programming for young children focuses on active learning and exploration. Use of videos or DVDs is inappropriate in Easterseals HS/EHS programs because they encourage only passive listening and viewing experiences for the children.

Some live action videos/DVDs may be appropriate for Head Start/Early Head Start children to see animals or scenes of interest which they may not be able to experience first-hand. It is the policy of Easterseals HS/EHS that Early Head Start programs do not provide videos/DVD's for children to watch.

Current popular children's videos or DVDs are not to be a part of the lesson plan.

Children are not to watch TV, play video games on TV or engage in other electronic games while at Head Start/Early Head Start.

Computers are now part of the learning environment in many Head Start/Early Head Start classrooms. The purpose of using computers should be clear to staff, children and parents and part of the lesson plan. Children usually work at the computer alone or in pairs and classroom staff monitor the child's computer time so they are having well-rounded experiences in all classroom activities.

VIDEOTAPING OR PHOTOGRAPHING OF CHILDREN

Staff need to be aware of other staff or visitors who want to photograph or videotape the children at the Easterseals HS/EHS center or socialization Centers. Parents or guardians must sign a consent form before anyone is allowed to videotape, audiotape and/or photograph their child and/or family (Consent for Media Permissions Doc) Staff must always be aware for which children there is permission and for which there is not. Facial images are not to be captured for children for whom there is no signed

permission. Programs must implement a tracking system to easily provide a report/list of any children who do not have consents.

ANIMALS IN CLASSROOM AND SOCIALIZATION ACTIVITIES

Animals can play a valuable role in an early childhood program, providing a wide variety of learning experiences for children. Animals must be appropriately integrated into planned classroom and socialization activities, and interaction between children and animals must be carefully planned and monitored for safety. It is also critical that the use of animals complies with all Child care licensing requirements and state laws applicable to keeping animals in the classroom for children to engage with. Any health issues of children, and any other concerns of parents, must be addressed. The Head Start/Early Head Start Leadership Team and other program staff (e.g., teacher, center supervisors, and home-based manager/supervisor) are responsible for preparation of required policy materials, revising existing program materials and maintaining current information as it relates to animals in the program.

Animals that could be allowed in classrooms or socialization: See <http://cfoc.nrckids.org/StandardView/3.4.2.1>.

Animals that are not allowed in classrooms or socialization: See <http://cfoc.nrckids.org/StandardView/3.4.2.2>

IF THE CENTER HAS A "NO ANIMALS POLICY"

If the HS/EHS child care partner center has made a determination that it will not allow any animals in the classroom or the socialization space, no further procedures are required. If animals are not allowed, a statement regarding the "No Animals" policy is to be distributed to all teachers and program staff are to make sure that, in fact, there are no animals (pets) in any of the program's classrooms and that families are aware of the policy also. The "No Animals" policy applies to the classroom or the socialization space. A copy of the program's statement of the "No Animals" policy is to be posted in each classroom and the administrative office of each center. Service animals are exceptions to any "No Animals" policy and can accompany a child or adult according to the individual's need and role of the service animal.

"ANIMAL PLAN" (If animals are allowed in classroom, outdoors, or socialization space)

The following list identifies the Easterseals HS/EHS requirements for an "Animal Plan" (that must be developed by each program that allows animals. The "Animal Plan" must be in compliance with most stringent applicable state laws, local child care licensing, animal health regulations, and <http://cfoc.nrckids.org/> (as mentioned above).

- A copy of the "Animal Plan" or is to be placed in each classroom and the administrative office of each center. It must be updated at the beginning of each program year and whenever a new animal is introduced into the program, whether in the classroom or socialization space.
- The following policies, and information regarding animals found in <http://cfoc.nrckids.org/>, apply where child care licensing and the issue of animals in the classroom is not addressed in regulatory requirements.
- The Animal Plan must provide a description of all animals in all classrooms and socialization spaces, including the type of animal, how the animal is contained in the classroom, and how the animal is integrated into classroom and socialization activities. Classrooms with an animal are required to post a plan specific to their animal(s) and submit a copy to the Health/Nutrition Manger
- General animal-specific guidelines:

- Animals must be maintained in a safe and sanitary manner. Supervise human-animal contact. It is especially important that children are told to keep pets away from their faces and eyes. Display animals in enclosed cages or under appropriate restraints;
 - Animals are not allowed to roam loose or fly free in the classroom or the socialization space, or have contact with wild animals, and may only interact with children during planned and supervised activities. Designate specific areas for animal contact;
 - Clean and disinfect all areas where animals have been present (children are only to perform this task under adult supervision);
 - Practice good hygiene and hand washing after children come in contact with animals, and items used by animals, such as water bowls, food bowls and cages;
 - Keep animals clean and free of intestinal parasites, fleas, ticks, mites and lice;
 - Obtain appropriate veterinary care, a certificate of veterinary inspection, or proof of rabies vaccination (or all of these) according to local or state requirements;
 - Do not allow child/adult food in animal contact areas; do not allow animals in areas where child/adult food and drink are prepared or consumed; and,
 - Clean animal cages or enclosures in sinks or other areas that are never used to prepare child/adult food and drinks.
- Children, parents and staff are not allowed to spontaneously bring animals to the classroom or socialization space to interact with children. Scheduled visits by animals as part of a planned and supervised classroom or socialization activity are allowed, as long as the animal has met current required vaccinations or other health requirements. Proof of compliance with animal health requirements must be submitted to the Easterseals safe environments team, center director, or home-based manager/supervisor in advance of any scheduled visit. For example, a local organization might provide a demonstration of companion animals (with proof of animal health), but a parent could not drop into the classroom with a new puppy.
 - Parents of all children assigned to classrooms or socialization spaces where animals are present must be informed, in writing, of the animals present in the child’s classroom or socialization space. This information must be provided to parents in advance of the child’s placement in the classroom or his/her participation in the socialization, or the introduction of the animal into the classroom or socialization space. If a parent requests that his/her child not be placed in a classroom or socialization space with an animal, the child must be placed in an animal-free space. If such a placement is not appropriate or available, the animal(s) must be removed from the space. Any other limitations on child/animal interaction requested by a parent must be complied with, or the animal(s) must be removed from the space. Such a request might be based upon children who are immuno-compromised; have allergies to animals, hair or dander; asthma; or, where a child has a fear of certain animals. All such limitations must be noted on the Animal Plan.

See Field Trips Involving Animals below.

FIELD TRIPS

HSPS 1303.74

All trips more than one-quarter mile distance from the center are considered “field trips” and written authorization from the center supervisor and permission from the parents must be granted in advance. Children are never to engage in a “nature walk” which endangers their safety, such as walking along busy streets, intersections, rivers or ditches.

Field trips give children and families an opportunity to:

- Learn about and explore natural environments within their community;

- Learn and participate in community cultural activities;
- Extend a child's learning related to specific objects, environments, plants, animals, community workers, or activities (e.g., library visit).

When the class is away from the center, information about when they left, where they are and when they expect to return should be posted on the classroom door as well as told to the center supervisor as a reminder.

EARLY HEAD START

At this time Early Head Start children are not permitted to take field trips utilizing the bus.

The purpose of a field trip for Early Head Start is focused on enhancing parent-child interactions; the role of the parent as the primary educator; and, must be appropriate to the developmental age of the children. Walking/strolling field trips within a radius of the center (e.g., neighborhood, park) rather than trips farther away from the center.

HEAD START/EARLY HEAD START

Field trips are used as an integrated experience, which enhances the children's learning.

If a field trip is planned the following guidelines must be adhered to:

- Teachers must submit a copy of a field trip authorization request form at least two weeks prior to the date of the field trip and receive prior approval;
- Teachers must obtain a signed permission slip from the parent/guardian for each child in the class to participate in any field trip;
- There must be a minimum of two paid staff and an additional adult (paid or unpaid). Other additional adults may be required to lower the child to adult ratio for certain field trips (e.g., museum, fair, zoo). If there are not enough adults the field trip must be canceled or postponed;
- There must be relevant pre- and post-trip activities designed to enhance learning from the field trip. These activities need to be incorporated into and documented on lesson plans;
- Teachers must ensure that snack or meal requirements are met and children are offered adequate liquids during the field trip;
- Teachers must review safety procedures with children and all adults prior to the trip (e.g., practice bus safety, playground safety, holding hands);
- Teachers must prepare an alternate date in the event that the requested date is not available;
- The first aid kit (fanny pack) is to be taken and include the sign in/sign out form, emergency contact forms, and rescue medication.
- Teachers are to notify the office upon leaving and returning; and,
- Bus drivers are to be responsible for directions to, parking at and remaining onsite for the entire time of the field trip.

Children must be provided with alternative activities if they are unable to participate in a field trip. 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.

WALKING OR STROLLING TRIPS

Walking trips or "strolling" trips are less than one-quarter mile from the center, the home visit site or socialization space. Prior permission is signed at the time of enrollment and kept on file in children's records. Staff need to be aware of children who are not authorized for a walking trip and make

appropriate arrangements for those children to stay behind. Safety is a first concern during field trips and the chosen activity is not to endanger the children or families. Walking along busy streets, crossing busy intersections, and “nature walks” along rivers or ditches are to be avoided.

Regardless of the number of children, the appropriate staff-child ratios must be maintained. Staff must notify the center director or home-based manager/supervisor of the walking trip; their planned route (with a map); what time they are leaving and expected return; and, who is going. A note for parents and visitors must be left on the classroom/center door detailing the same information left with the center supervisor. Staff are to take the first aid kit (fanny pack) and the sign in/sign out form and emergency contact forms on all walking or strolling trips. Depending on the length of the walking or strolling trip, arrangements are to be made for food and water or children who require medication.

In home-based programs active exploration and learning in a community setting are promoted. Field trips are to be relevant and integrated into the home-based curriculum.

When a family field trip is scheduled as a socialization activity, the following must occur:

- Home visitors must submit a copy of a field trip request form at least two weeks prior to the date of the field trip to the EHS Education Manager.
- Families are to sign a permission slip which includes the destination and routes of travel;
- A child may only participate if at least one of his or her parents or guardians is in attendance;
- There are to be relevant pre- and post-trip activities designed to enhance learning from the field trip. These activities need to be incorporated into and documented on weekly home visit activity plans;
- Home visitors are to ensure that CACFP snack or meal requirements are met and children are offered adequate liquids;
- Home visitors must review safety procedures with children and all adults prior to the trip;
- Home visitors must remind parents to carry any medications his or her child may need while on the field trip;
- Home visitors are to prepare an alternate date in the event that the requested date is not available;
- The first aid kit is to be taken and include an attendance sheet and emergency forms;

FIELD TRIPS INVOLVING ANIMALS

Field trips involving animals are only to be made to facilities licensed as zoos or petting farms, and proof of compliance with animal health regulations (i.e., healthy and properly vaccinated against disease) must be obtained before visiting any facility in which children might come in contact with animals.

Parents must be informed, in advance, of any field trip during which their child may come in contact with animals. Parents must be allowed the opportunity to decline their child’s participation in such field trips, and any other limitations on child or animal interaction requested by a parent must be complied with. Appropriate hygiene must be followed during field trips, including hand washing after contact with animals.

MENTAL HEALTH SERVICES - GUIDANCE AND DISCIPLINE

HSPS 1302.45

Our philosophy is that discipline is guidance, not punishment. Children learn to treat themselves and others in the same ways that the important adults in their lives treat them. Therefore, it is important that guidance/discipline is consistent, gentle and firm rather than harsh.

The guiding premise of guidance/discipline is safety: children may not hurt themselves, hurt others, or be destructive to property. Because young children do not have the same level of understanding or self-control as adults, they will often need adult support with this. Teachers/Home Visitors will model safe and appropriate behavior and will explain the reasons for it to children in simple terms (for example, feet on the floor to stay safe, gentle touches so we don't hurt our friends, we take care of our toys so that we can have fun playing with them, etc.). Teachers/Home Visitors will also help children to recognize and name their own feelings and will assist them in learning to express themselves and solve problems verbally rather than physically.

Through teachers'/home visitors' consistent use of developmentally appropriate expectations, modeling, redirection and positive reinforcement, children will begin to learn to regulate their own emotions and eventually their behavior.

The program's actual methods of discipline are restricted as follows:

- No corporal punishment will be used, including hitting, spanking, swatting, beating, shaking, pinching, and any other measures intended to induce physical pain or fear.
- Physical restraints will not be used to confine a child.
- Staff will not withhold or threaten to withhold food, rest or use of the bathroom.
- Children will not be subjected to abusive or profane language.
- Children will not be subjected to any form of public or private humiliation, including threats of physical punishment.
- Children will not be subjected to any form of emotional abuse, including shaming, rejecting, terrorizing, threatening or isolating a child.
- Children will not be disciplined for toilet accidents.
- If a child's behavior is posing a risk to self or others, the child may be temporarily removed to another activity, with a caregiver that will help the child regain self-control. They may participate in activities such as deep breathing, reading a social story about emotions or classroom rules, discussing the rules and the rationale for using them, or other sensory strategies. Removal from the group will not exceed one minute per year of age, and will not be used for children younger than 24 months.

Easterseals staff and the program's mental health consultant or specialist are available to support teachers and parents with additional guidance/discipline strategies. If there are multiple incidents of concerning behavior or if behaviors pose immediate risk to the child or others, all will work together to start the Behavior Review Process. As part of the Behavior Review Process, the team will develop a behavior management plan. This plan will include training for all staff working with the child. After the conclusion of the Behavior Review Process and after an agreed upon amount of time implementing the plan, the mental health consultant or specialist may make the recommendation to return a child to the waiting list if the program cannot safely support the child in the classroom environment.

MENTAL HEALTH PROFESSIONAL/CONSULTATION

HSPS 1302.45

Mental health service professionals in Head Start/Early Head Start must be licensed or certified with experience and expertise in serving young children and their families. These professionals must be available on a regular basis to support center and home-based staff and parents by:

- Assisting in planning mental health program activities for staff, parents, and children;
- Providing training to Easterseals child care partner staff and parents on how to better understand typical development and common challenging behaviors seen in children;
- Provide periodic classroom and child observations in consultation with staff and parents;
- Advising and assisting staff in reviewing developmental and behavioral screenings and assessments and evaluating children needing further assessment;
- Advising and assisting staff in reviewing postpartum depression screenings and assessments of expectant mothers and referring for diagnostic examination and treatment as needed; and, Parents must sign a written consent form (informed consent) authorizing mental health consultation services for their child.

NUTRITION, FOOD, AND FOOD SERVICES

NUTRITION ASSESSMENT

HSPS 1302.44

During enrollment, a child's nutritional needs and the family's nutritional concerns are identified as part of the enrollment paperwork. 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 gathered regularly. This information is to be reviewed by the health and/or nutrition staff or by a nutrition consultant.

Eating patterns, cultural and religious preferences, and special dietary concerns are to be noted and reported to all parties involved in the child's center-based nutritional program and to all parties involved in any food to be provided at socializations or on field trips. The developmental and feeding skill level of each child should also be considered when assessing infant readiness to transition from one food stage to the next (i.e., bottle to cup, formula/breast milk to pureed food then to table food, and from lap to toddler chair).

If a nutritional condition is suspected, a child is to be referred for an evaluation or services with approval of the parents. Individual health care plans with written instructions developed under the direction of the child's health care provider for children with special dietary or feeding concerns will be required for any special diets, food allergies or substitutions due to medical conditions. CACFP requires the written plan to 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.

The names of children and their food allergies must be posted in a manner that is confidential for staff viewing. The kitchen staff and others preparing food for center or socialization meals/snacks must be made aware of any and all food allergies as they become known throughout the year. Parents are to notify staff of any nutritional concerns or allergies. Individual health care plans will be developed under the direction of the child's physician for children with special dietary or feeding concerns.

For children with diagnosed disabilities, 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 feeding, equipment and/or modifications with any part of mealtime.

MEALS

HSPS 1302.31

Children in center-based programs receive meals/snacks according to the amount of time they are at the center, following the Child and Adult Care Food Program (CACFP) guidelines and based on individual nutritional plans/needs. Socializations for children and families in the home-based program include meals and/or snacks which comply with Head Start/Early Head Start nutrition requirements as well as CACFP guidelines (regardless of whether reimbursement is being claimed).

The preferred method for all meals is for children to eat "family style" in small groups. Other opportunities are to be offered for family-style meal service (e.g., snack in the classroom). Ideally, daily meals and snacks for children are to be delivered to the classroom or socialization area by a food service employee/volunteer.

Breakfast is to be set up and ready to be eaten within 30 minutes of children's morning arrival. Head Start/Early Head Start and older Early Head Start children are to eat breakfast seated at tables with adults. There is no "cut-off" time for arrival of HS/EHS children. Some late arrivers may not be able to be counted in the CACFP count but are to still be given a nourishing breakfast unless the time of their arrival is within 30 minutes of the next scheduled meal or snack. Family-style meal service is to be observed at all meal and snack times (to the extent possible). As a part of family-style meal service and good early childhood education practices, designated classroom staff are required to sit at the tables with children and eat the same foods being served to the children. Adults are not expected to eat baby food or pureed foods. Best practice consists of small groups at tables that facilitate serving bowls and place settings for all children and adults who participate in a family-style dining experience. Food and snacks are to be eaten at the center and not sent home with the child.

Food is served in bowls, plates, baskets and drinks in pitchers at each dining table. With adult guidance, children are to serve themselves. Adults are to encourage children to take the portion listed on the menu and indicated by the measuring utensil in the bowl, plate, or basket. Food is to be contained in manageable size containers to facilitate this.

Hot or very heavy serving bowls or plates are to be passed by the children by sliding along on the table. Teachers are to assist when necessary. Adaptations are made for children with special needs. Mealtime is to be pleasant and relaxed, and offers an opportunity to broaden children's food experiences, and to engage in social conversations.

In each preschool classroom and with older EHS children, at least one child and a teacher are to set the tables for the rest of the group. The adult is to supervise and coach the setting of the tables. The child and the adult are to wash their hands before beginning to set the tables. All children in the class are to have an opportunity to set the table throughout the year.

If a child does not want to eat a particular food item, the child is encouraged to have a taste, but the child is never forced, coerced or bribed. Food is never used as a reward or punishment. Adequate food is to be prepared to make second servings available if a child desires. Because of the sugar content, flavored milk (e.g., chocolate, strawberry) is never allowed in programs operated or funded by Easterseals HS/EHS. Additionally, per CACFP guidelines, milk served to children two years or older must be 1% or fat-free/skim.

All adults present during mealtime are to serve themselves from the same bowls, plates, baskets, and pitchers as the children. Adults are to take at least a tasting portion, at most a child size portion of all foods on the menu. The portions served to adults are to be the same as those to children. Adults are not to eat or drink any food item in the classroom or at the dining table that is not being offered to the children. Children's meal time is not staff break or staff meal time.

Children having difficulty eating, chewing, or enjoying a variety of foods may be at nutritional risk. The teacher is to notify the center supervisor, family services, health, and nutrition staff of these concerns and a family meeting may be called to discuss this with the parents so that accommodations can be made for the child's benefit.

EARLY HEAD START

Toddlers are to be offered toddler-sized chairs and sit around a table while eating. Infants who are not able to sit safely in toddler-sized chairs are always held when fed, including bottle feeding, baby food or table food. Under no circumstances is a child to be put to bed with a bottle and under no circumstances is a bottle to be propped. Parents are encouraged to follow these practices as well.

INTRODUCTION OF NEW FOODS

Teachers of infants and toddlers are to work closely with parents, and health care provider as needed, to introduce solid foods between the ages of four to six months or when it is developmentally appropriate. New foods are introduced one new food at a time. A sufficient amount of time is to be allowed before the next new food is introduced to determine if allergies occur.

Although meals and snacks are to be routinely offered, infants and toddlers meal times are to be scheduled to meet their unique needs and are to have age appropriate food available on an as needed basis. Infants are to be fed on demand. 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.

BREAST MILK

There will be a designated private area for mothers choosing to breastfeed their child. The program will provide a refrigerator for mothers to store pumped breast milk for their use. Staff is to ensure containers of breast milk or formula are dated, clearly labeled with the child's name, and used only for the intended child. Easterseals HS/EHS prohibits discrimination on the basis of breastfeeding and supports mothers in their choice to breast feed.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

HSPS 1302.44

Each Easterseals HS/EHS program participates in the Child and Adult Care Food Program (CACFP). CACFP is funded by the U.S. Department of Agriculture (USDA). CACFP supports Head Start/Early Head Start and many child care centers and family child care homes by providing reimbursement for snacks and meals provided for children during their care and that meets certain components and portions defined in USDA and CACFP regulations. There are many training, monitoring, and recordkeeping requirements associated with receiving these funds.

SPECIAL OCCASIONS AND FOOD BROUGHT IN FROM OUTSIDE THE PROGRAM

Because of CACFP guidelines and nutritional practices, parents are not to bring food to school (except pumped and stored breast milk); this includes any foods purchased from a grocery store.

If celebrating birthdays is important to a family, a special snack may be prepared at school or during a home visit or socialization activity to celebrate the child's birthday. Parents are asked not to bring any food, candy or gifts to the classroom for this occasion but may provide suggestions to program staff for the type of food their child would appreciate on this special day. The "special snacks" are to be nutritious and appropriate to the age of the children.

USDA Non-Discrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

HEALTH SERVICES

HEALTH SERVICES

HSPS 1302.41

The ultimate goal of health services is that each child receives ongoing, continuous healthcare. Promotion of good health and preventive healthcare involves children, parents and all staff. Staff members provide an important model for children and families. A major responsibility Easterseals HS/EHS is to ensure that each enrolled child receives developmental, behavioral, and sensory screening within the first 45 calendar days of entry into the program. Physical exams, dental exams, and nutritional assessments must be completed within 90 calendar days of entry. Throughout enrollment, the services will continue to be updated according to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which the program is located.

Through the Easterseals HS/EHS program, a system is established to involve the parents in accessing needed 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. Center and

home-based staff will educate families on their responsibilities of keeping immunizations current, participating in referrals and follow up services, and accessing and using health insurance when available. Documentation of all health services, efforts made by staff, and follow-up is required.

Upon enrollment staff will complete a health history for each child with the parent. An update as needed at least annually for HS children and monthly for EHS children to 13 months.

HEARING/VISION 45 DAY SCREENING

Easterseals HS/EHS includes hearing and vision screening as part of the holistic approach to integrated services.

- **Hearing/vision is required as part of the well child exam.** This is the first choice when meeting the 45 day screening requirement. Hearing and vision are only part of preventative care that is included in a well-child exam and the value of consistent, complete and comprehensive well-child care should be reinforced rather than viewing hearing/vision separately.
- **Program staff must carefully work as partners with parents to obtain information about the most recent well child exam.** These efforts may include asking parent to return to physician for complete exam/records, obtaining release of information to send or communicate with physician/office to obtain information and educating parents on value of well-child care and what they should expect as health care consumers for their child. Staff may also work with community providers to ensure information that is needed is adequately completed and documented to reduce unnecessary return visits or program inquiries.
- **Preparation for obtaining this information should begin at first contact with parent.** First contact with parent to begin the process of applying for Head Start/Early Head Start/EHS should include a conversation about health, medical home, referrals if needed, and the introduction of concept of EPSDT exam, why it is important, what is involved and what type of documentation will be needed. This conversation should be extended and documented with each subsequent visit with parent.
- **Prepare program for any additional screening responsibilities if well child exams are not completed and provided to program in reasonable timeframe.** Easterseals HS/EHS will establish a process for monitoring data, such as at 15 days, 20 days, and 30 days so there is sufficient time to plan for children without hearing/vision screenings from well child exams.
- **Documentation of health information should take place as soon as possible at the beginning of year so that a reasonable evaluation of completed hearing/vision screenings can be done well before 45 day deadline and arrangements can be made to screen or obtain screenings on children who do not have documented screenings on well child exams.** Easterseals HS/EHS plan for initial data entry so that the information is available for monitoring purposes.
- **Referrals and follow-up should take place in a timely manner.**
- **Tracking and monitoring should include completion of hearing/vision as part of 45 day screenings separately from physical exam.** Referrals and follow-up should be tracked and monitored following the Easterseals HS/EHS referral follow up processes.
- **Integrated services and working with all content areas:** Establishing and keeping children on a schedule of well-child care, documenting and monitoring the information and ensuring appropriate referrals take place and then are followed through to completion, requires a thoughtful process with fully engaged staff in all content areas. All content areas are responsible in the process of acquiring health information and using it to enhance the well-being of the child.
- **Documentation of screening results.** For the purpose of meeting the 45 day screening requirement, any result documented as "Pass," "Fail," "Too Young," "Uncooperative," "Unable," will be viewed as the first attempt to screen and will satisfy the 45 day time line. However, for any result other than

“Pass”, staff must document all follow up efforts and/or rescreening attempts following the Easterseals HS/EHS processes for follow up.

DAILY HEALTH CHECK

HSPS 1304.47

In center-based programs, a staff member is to conduct an informal daily health check of each child. This health check is to be conducted as soon as possible after the child enters center and whenever a change occurs while that child is in attendance. The health check is to address:

- Changes in appearance or behavior (such as lethargy or drowsiness) from the last date of attendance;
- Changes in the child's behavior or appearance, elevated body temperature (determined by taking the child's temperature);
- Skin rashes, oozing sores, itchy skin, itchy scalp, or nits (during a lice outbreak);
- Complaints of not feeling well or of pain;
- Other signs or symptoms of illness (e.g., drainage from eyes, diarrhea, vomiting); and,
- Reported illness in the child or family members since last date of attendance.

The staff are to observe and collect enough information necessary to complete the daily health check by direct observation of the child; by asking the parents/guardian; and, by conversation with the child. During the informal daily health check or throughout the day, if there is something unusual or different noticed about the children's health, the responsible health services staff or other designated person is notified. The parent is to be contacted regarding any immediate concern. Throughout the day, staff are required to document unusual incidents relating to the health of the child, such as: bowel movements with blood; a sore that may not be healing; or, a child who is unusually irritable without an apparent reason.

SICK CHILD

In the *HS/EHS Family Handbook*, parents are asked to be considerate of other children enrolled in the center and keep a sick child home if signs of illness are evident. Parents should also contact their home visitor and cancel their home visit and not attend socialization if either a parent or child is ill.

Staff and parents are to be notified about communicable disease exposures, without disclosing the identity of the ill individual.

During a home visit or socialization, if there is something unusual or different noticed about the child or parent's health the home visitor is to discuss it with the parent.

EXCLUSION POLICY - INFECTIOUS DISEASES

HSPS 1302.47

Easterseals HS/EHS programs and staff are to follow exclusion policies that adequately protect the health and safety of enrolled children. Refer to the Easterseals HS/EHS policy/procedure for medical conditions and symptoms that require short-term exclusion from services due to their infectious nature or that prevent the child from participating comfortably in center or home-based activities. Also see the guidelines provided by the National Resource Center for Health and Safety in Child care and Early Education: *Caring for Our Children*, 3rd Edition (<http://cfoc.nrckids.org/StandardView/3.6.1.1>)

Staff are not to diagnose. Request the health care provider's note to readmit a child if the health care provider's advice is needed to determine whether the child is a health risk to others, or if the health care provider's guidance is needed about any special care the child requires. Written notes should not be

required for return to HS/EHS services for common respiratory illnesses that are not specifically listed in the excludable condition list.

If a difference of opinion or question about a child being temporarily excluded from attending or returning to the center or socialization site arises between parents and staff, the staff person responsible for the health content area is to consult personnel at the health department or the child's health care provider.

IMMUNIZATIONS

Immunizations and immunization records must be kept as current as medically possible, not only to protect children, but also to comply with state child care licensing regulations. The family service staff or home visitor supports families in their efforts to keep their child current with immunizations and keeps a record of immunizations in the child's file.

ADMINISTRATION AND STORAGE OF MEDICATION

The administering of medications to children with short term or chronic illnesses only when it is determined by the child's physician that it is in the child's best interest to receive the medication during class time or the medication is used to prevent a life threatening emergency. Medications for both short term illnesses and chronic conditions will be administered by the family at home unless it is verified by the child's physician that the medication can only be given during the time the child is in the classroom.

In all cases the Physician's Form for Prescribed or over -the-Counter

- Medication which includes consent/permission from the child's parent(s), indicating their desire that the Head Start program assist in the administering of the medication, must be obtained, reviewed and signed by Center director prior to the administration in the classroom.

Over the Counter Medications (is defined as follows):

- Non-prescription medications can be dispensed with a written physician's order. Over the counter pain relievers such as Tylenol and Ibuprofen are used to manage mild to moderate pain. These medications can be administered for pain if the teacher receives a written physician's order clearly indicating its use, dosage and administration instructions.
- Over the counter fever reducers such as Tylenol and Ibuprofen are used to reduce fevers. We can administer fever reducers to children who have a history of febrile seizures if we have clearly written physician orders including the dosage and when to administer. Children who do not have a history of febrile seizures and who develop a fever greater than 100.3 F should be sent home.

The Physician's Form must include: child's first and last name, name of the medication, dosage, and time interval, method of administration, duration of administration, side effects, and contraindications.

General Procedures for medication to be provided at Center are:

- In order for children to receive medications to be administered by their teachers during the school day, the following must occur:
 - Medications are to be left in their original containers.
 - Medications need to be labeled by a pharmacist.
 - The childproof medication container needs to be labeled with the child's first and last name.

- The name of the medication needs to be on the container.
- The date the prescription was filled needs to be on the labeled container.
- The medication's expiration date needs to be on the label.
- The medication administration directions need to be on the labeled container.
- The medication storage and disposal directions need to be on the labeled container.

"As Needed" Medication (is defined as follows)

- Medications to be administered "as needed" (PRN) should have specific directions for administering, including:
 - The minimum time between doses.
 - The maximum number of doses.
 - The criteria for administration.

Medication Storage:

- Medications should be stored in the classroom in a locked box labeled for medication use only. The locked box should be stored in a place that is not accessible to children. All medications need to be in childproof containers. The medication lock box should only be used to store medications. Medications also need to be in a locked box during trips outside of the Center
- Medications that need to be refrigerated should be stored in the locked box in the kitchen. Medications that require refrigeration will be packed in an ice chest for out of the Center activities.
- Adult and Volunteer Medications should also be stored in the locked box
- A child's medication will be sent home when it is no longer needed

Parent Consent and the Medication Log:

- Parents need to sign the medication consent form before any medications can be given.
- Teachers/administration need to complete and sign the staff section of the medication consent form.
- The parent/guardian or designated pick up person needs to sign the medication log when they pick up the child at the end of each day a medication is given.
- The classroom teacher needs to review the medication log with the child's parent/guardian whenever there is a change in behavior. The teacher should assist the parent with notifying the prescribing physician about any change in behavior.
- Teachers need to review all medication logs with parents at the end of every month. The parent and the teacher need to sign the bottom of the monthly medication log at the end of each month.

Medication Consent and Administration Forms:

- Medication consents forms are located in the medication binder in each classroom. Signed medication consent forms are to remain in the classroom binder until the child no longer requires the medication. Medication consent forms for completed medications are to be filed in the Health File of the child's permanent record.
- Action Plans will be re-evaluated by their doctor as needed. A new action plan will need to be submitted at the beginning of each school year.

- Prescriptions need to be updated yearly at the child’s well-baby check or during a child’s annual physical. If a prescription is changed for any reason the parent or guardian should let the teacher and health staff know immediately.

Medication Reactions:

- The parent should give the first dose of any medication at home so that the parent can observe for adverse reactions.
- The parent/guardian must provide information on any adverse reactions that may be associated with the use of the prescription medication as provided by the health care provider or the pharmacist.
- Any time a medication is administered, the staff should watch for allergic reactions, such as swelling around the mouth and face, rashes, and/or difficulty breathing.
- Staff should also observe for changes in the child’s normal behavior pattern. Unusual lethargy, aggressiveness, anxiety and/or agitation should be considered a possible reaction to medication.
- If any reaction to medication is observed after medication administration, parents need to be notified immediately. Parents need to contact the child’s physician and receive guidance as to next steps. If parents cannot be reached, the teacher should call the physician directly. If parents need assistance with communicating with the physician, the Health and Nutrition Manager, Family and Health Advocate, or classroom teacher are to assist.
- In the case of serious reaction, like difficulty breathing, the emergency response team (Chicago Fire Department Paramedics) need to be called (911).
- Medication reactions should be documented on an Incident Report form and in the case notes of the “Health” section of the Child’s file.

Staff Training:

All teachers will be trained in medication administration, handling and storage.

Medication Administration:

- The teacher washes his/her hands prior to administering medications
- The teacher checks the medication administration form for parent consent and completes the safety checklist on the front of the medication administration form.
- The teacher checks the 5 rights of medication administration:
 - Right Medication * Right Dose * Right Time * Right Child * Right Rout
 - See “Administering Medications to Young Children”

Medication Monitoring

- The health staff will use the “Medication Monitoring Tool” monthly, throughout the Center to ensure compliance with the Medication Procedure. Teachers will sign a copy of the completed monthly monitoring tool for their classroom and receive a copy of the document. Teachers will be responsible for correcting any findings.

Ointments and lotions

If a child's diaper rash is being treated with A & D Ointment or Desitin, we can apply these ointments under the following guidelines. Lotion, petroleum jelly, sunscreen, etc. may also be applied under the following guidelines.

- ***Proper Documentation*** – Written statement from the physician and a signed consent from the parent. Parent must bring the ointment/lotion to the center to complete the necessary paperwork.
- ***Packaging/Labeling*** – The ointment/lotion must be in the original container, labeled with the child's name, and must not be past the expiration date.
- ***Storage*** – The ointment/lotion will be kept in the child's diaper cubby.

Prescriptions and over-the-counter medications are only to be administered when:

- A health care provider has provided written notice of approval for prescription medication (follow state child care licensing for over-the-counter medication);
- The parent provides written consent

Socialization activities are to be attended by the parent and child. Parents are responsible for administering any medication to their children during home visits and socializations. All medications brought to socializations will be stored in a locked container inaccessible to children and returned home with the parent/child immediately after the socialization activity.

Staff who administer medication are to be trained to:

- 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;

NOTIFICATION OF MEDICATIONS GIVEN

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

DOCUMENTATION OF MEDICATIONS GIVEN

Staff are to log all medications administered while a child is at the HS/EHS program.

SUNSCREEN

Over-the-counter ointments and creams, such as sunscreen, do not need written authorization from a health care provider, unless required by local or state child care licensing regulations. Over-the-counter ointments and creams will only be applied using the original container, following all label instructions, and with written permission by parent/guardian. If the skin is broken or an allergic reaction is observed, caregivers/teachers should discontinue use and notify the parent/guardian.

Teachers should implement the following procedures to ensure sun safety for themselves and the children under their supervision:

- Protective clothing must be worn for infants younger than six months.
- For infants older than six months, apply sunscreen to all exposed areas of the body, but be careful to keep away from the eyes. If an infant rubs sunscreen into her/his eyes, wipe the eyes and hands clean with a damp cloth.
- Keep infants younger than six months out of direct sunlight. Find shade under a tree, umbrella, or the stroller canopy.
- Wear a hat or cap with a brim that faces forward to shield the face.
- Limit sun exposure between 10 AM and 2 PM, when UV rays are strongest.

Sunscreen should be applied to the child at least once by the parents/guardians and the child observed for a reaction to the sunscreen prior to its use in Head Start/Early Head Start programs.

INSECT REPELLENT

Insect repellent used for preventive purposes does not require a written authorization from a health care provider, unless required by local or state child care licensing regulations. Parent/guardian written permission is required, and all label instructions must be followed. If the skin is broken or an allergic reaction is observed, discontinue use and notify the parent/guardian.

Teachers should read the product label and confirm that the product is safe for children and contains a concentration of 30% DEET or less. Some repellents may contain up to 100% DEET and could be very dangerous if applied to a child. DEET is not approved for infants less than two months of age.

Application of this product for children older than two months is acceptable using the following guidelines:

- Apply insect repellent to the caregiver/teacher's hands first and then put it on the child;
- Use just enough repellent to cover exposed skin;
- Do not apply under clothing;
- Do not use DEET on the hands of young children;
- Avoid applying to areas around the eyes and mouth;
- Do not use over cuts or irritated skin;
- Do not use near food;
- Do not use products that combine insect repellent and sunscreen. If sunscreen is used, apply sunscreen first;
- Do not apply a second application to the skin;
- DEET concentration should not exceed 30% for use with children; and,
- After returning indoors, wash treated skin immediately with soap and water.

If the child gets a rash or other bad reaction from an insect repellent, stop using the repellent, wash the repellent off with mild soap and water, and call a local poison center (or 1-800-222-1222) for further guidance.

INJECTED MEDICATIONS AND RESCUE MEDICATIONS

A child may require injected medication during attendance at an Easterseals HS/EHS program as part of the child's regular treatment for a known medical condition. Injected medication may also be required to deal with a life threatening event related to a known or unknown medical condition. Injection of medication is recognized as an invasive procedure and may occur during attendance at only when necessary to allow a child's program attendance. Easterseals child care partner centers are to make reasonable accommodations for the child to receive injected medication during Head Start/Early

Head Start program time. Arrangements for administration of the injected medication must be reflected on the child's Individual Health Care Plan.

Easterseals HS/EHS will provide or pay the cost of providing or administering injected medication for children participating in the Head Start/Early Head Start program (outside of the program's regular staffing pattern) only when this is included in the child's IEP/IFSP as part of a reasonable accommodation for program attendance. Family services staff, however, are to work with parents to identify natural supports to assist in this process as needed on an individualized basis.

INJECTED MEDICATION FOR KNOWN MEDICAL CONDITIONS

The following applies to treating a known medical condition with injected medication:

- Injection of medication must be done in accordance with a child's plan for injectable medication that includes parental consent and health care provider (e.g., primary care medical provider, physician's assistant, certified family nurse practitioner orders). The plan for injectable medication must be completed during enrollment or prior to the child's first day of program attendance or as soon as the medication is prescribed. If the medical condition is identified mid-year and a child is already participating in the program, the plan for injectable medication must be completed prior to the child's continued attendance.
- Only individuals authorized to administer the injected medication identified in the plan for injectable medications may administer the medication.
- Easterseals HS/EHS programs will cooperate with the child's parent, guardian and health care provider to ensure that individuals authorized to administer the injected medication have necessary access to the child for injection purposes during Head Start/Early Head Start program time.
- Prior to the administration of any medication, the individual authorized to administer must take ample time to identify the child who is to receive the medication and to ensure that the correct drug and dosage, as prescribed, is administered.
- Precautions to prevent the spread of blood borne pathogens must be followed in connection with any injection of medication during attendance at Head Start/Early Head Start.
- A complete record of all injected medications administered to a child during his or her attendance at the Head Start/Early Head Start program is to be maintained and shared with the child's parents.
- Easterseals HS/EHS, parents, and the child's health care provider agree to maintain open communication especially regarding changes in the child's condition that would affect medication administration.

RESCUE/EMERGENCY MEDICATION FOR KNOWN MEDICAL CONDITION

Rescue medications that are authorized on the Individual Health Care Plan are kept in close proximity to the child, but out of reach of all children at all times. Authorized rescue medications are to be kept in the classroom and taken as part of portable first aid kit during any field trips or activities outside the center or program, wherever the child goes.

MEDICAL CONDITIONS

At times, we have children enrolled in our program that require special attention due to a medical or physical condition. If your child has any limitations or special conditions at time of enrollment or throughout the year, you must provide written documentation from a physician. This will be done on a Medical Care Plan.

The health staff will provide individual attention to those families with special health concerns and assure that children with special health concerns are monitored closely on a daily basis. Your child's general well-being will be noted daily. Whenever the limitation is lifted or treatment is stopped, the parent must again provide written documentation from the child's physician.

Chronic Illnesses such as Asthma, Seizure Disorders or Food Allergies, require a Health Care Plan on file before the child may attend. Emergency medications including asthma inhalers and epi pens will be maintained with the child in a secure medical storage container.

Most parents want their child's teachers to know about the child's medical conditions so their child gets the best care possible. Some parents may choose not to tell staff about a child's medical condition because they are afraid their child might be treated differently; nor are they required to disclose their child's condition.

HS/EHS staff are not to share medical information about anyone without the consent of the parent or legal guardian, even if they feel that person has a need to know. The exception is that emergency medical personnel are always to be given medical information about a person they are treating. Staff will work with an individual child's health care provider and the child's parents to determine the best arrangements for a child with health issues, including those with infectious diseases.

Failure to follow the child and family's right to privacy or breach of confidentiality concerning this matter is cause for disciplinary action. In a HS/EHS program the staff who typically need to know are the classroom teacher and family services staff.

Some diseases can be spread through contact with blood or body fluids that are contaminated with blood. One can never be certain who is infected with a disease that can be transmitted via blood; therefore all blood is treated as if it were potentially infected. This is the reason Universal Precautions are practiced and all blood and contaminated articles are treated as potentially infected in order to limit staff exposure to potential disease pathogens.

CHILDREN WITH DOCUMENTED MEDICAL NEEDS

The program must accommodate children with medical needs that have health care provider documentation. This may include a specific type/brand of diaper or wipes, or the avoidance of a specific product.

DENTAL HYGIENE

HSPS 1302.43

Dental care and hygiene is an important focus of Head Start/Early 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.

EARLY HEAD START/EARLY HEAD START

Gently clean the baby's mouth by using a damp, clean washcloth or disposable gauze pad after feedings to help remove bacteria and allow the baby to get used to the cleaning process. Each cloth or gauze pad is only to be used one time and then placed in the container for soiled linens. As soon as teeth emerge, around age one, a soft bristled infant toothbrush may be substituted for the cloth or gauze.

HEAD START/EARLY HEAD START

Toothbrushes are to be individually labeled and stored so they can air dry and do not touch one another. Replace toothbrushes at least every three months, or when visibly worn, after cross contamination, and after a child returns to school from an illness. The toothpaste tube is not to touch each toothbrush; put the toothpaste on a small square of wax paper or paper cup and then on the brush or have a tube for each child.

It is recommended that parents and teachers consult with a dental health professional on the use of a fluoridated toothpaste for young children at risk for tooth decay. When fluoride toothpaste is recommended, a pea-sized amount, a tiny smear, of fluoridated toothpaste is to be used and the brushing is to include supervision so that the child does not swallow excessive amounts of fluoride. The Health Services Advisory Committee can be consulted regarding the recommended use of fluoridated toothpaste.

FAMILY ENGAGEMENT AND FAMILY SERVICES

OUTCOMES AND STRATEGIES

The Office of Head Start/Early Head Start Parent, Family, and Community Engagement Framework (PFCE framework) outlines specific outcomes for families (find more info on ECLKC). Through positive and goal-oriented relationships, Easterseals HS/EHS staff engage families in program activities, family partnership agreements, and volunteering in the program. The PFCE framework outlines seven family engagement outcomes of Head Start/Early Head Start programs:

1. Family Well-being
2. Positive Parent-Child Relationships
3. Families as Lifelong Educators
4. Families as Learners
5. Family Engagement in Transitions
6. Family Connections to Peers and Community
7. Families as Advocates and Leaders

Each of these outcomes leads to the goal of children being ready for school and sustaining development and learning gains. The parents' relationship and communication with their child's teacher, family service staff, or home visitor is the key to achieving the family engagement outcomes.

The family services staff or home visitor in Easterseals HS/EHS serves as a link between the family, the program, and the community. The broad basic needs and the specific social, emotional, and parenting challenges faced by families can effectively be met through a comprehensive social service program. In coordination with other Head Start/Early Head Start efforts, the family services staff use the following strategies to support families and achieve program outcomes:

- Confidentiality of information;
- Community outreach and partnerships;
- Recruitment and enrollment of children;
- Family needs assessment;
- Family partnership agreement;
- Family interests;
- Family strengths;
- Family goal setting;
- Parent training;
- Parent Committee meetings;

- Referrals;
- Emergency assistance and/or crisis intake;
- Follow-up;
- Record-keeping;
- Advocacy;
- Home visits; staff-parent conferences, and family meetings;
- Newsletters;
- Family activities, socializations; volunteer opportunities; and,
- Child files, Program Information Report (PIR) data collection and tracking.

PARENT PARTICIPATION

HSPS 1302.51

To develop parent involvement and education activities that is responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group.

- At the beginning of the program year family advocates will meet with each family to complete the Easterseals Family Needs Assessment. Part of the assessment speaks about parent involvement and the results of this will be used to help plan the parent activities for the program year.
- Family partnership staff will work in collaboration with the Center Director and Parent Committee to develop a schedule of planned parent activities for the year using the parent involvement budget for each Center and the suggestions from the parents.
- All planned parent activities must be linked to a learning domain(s) for adults and children, i.e. social-emotional, communication, fine motor, gross motor, cognitive, health & nutrition.
- Centers must complete the ***“Approval for Parent Activity Event”*** form within 15 school days of the scheduled event.
 - The cost of each item of the total number of each item requested must be documented on the request form.
 - If a speaker or workshop has been scheduled we need a copy of the receipt attached to the request form.
 - Only items and amounts listed and approved on the request form will be reimbursed to the Center.
- The ***“Approval for Parent Activity Event”*** form will be given to the family and community partnership coordinator to either approve or deny. Once it has been approved or denied by the family health coordinator it will be given to the HS/EHS director to verify. Once both signatures have been documented an e-mail/phone call will be sent to the Center and the family advocate informing both of the approval or denial of the activity.

****Head Start/Early Head Start parent involvement funds can only be used on Parents/Children/Partners. If the Center chooses to have other parents or staff attend they will be required to pay for those individuals. Sign in sheets will be required as documentation of which Head Start Parents attended. Receipts will be required before any reimbursements are made. Only items previously approved will be reimbursed.***

Parents are the most significant adults in a child’s life. Easterseals HS/EHS strives to create mutual respect between parents and staff so that a partnership can be developed that will benefit the child. The doors are open to parents at all times so that families can visit their child’s classroom, talk with staff, and thus can gain a deeper understanding of their child and the program. Staff are expected to conduct themselves in a professional manner on all occasions with parents and families.

Information with regard to family issues and personal lives is to be handled confidentially. In the event of divorce, separation, or joint custody ruling, every effort is made to treat both parents equally. Without legal documentation, staff cannot act as though one parent is more fit than another in providing for the child's legal rights. All parents have the right to fully participate in the program.

Program staff are to have activities planned for families so that they may actively volunteer in the program. During the year, the program is to sponsor events aimed at encouraging parent engagement (e.g., Family Nights) with most staff members attending (e.g., teaching staff, center supervisor, family services staff) to support the activity and parents. Home-based staff plan regular socializations with families and participate in and support socialization activities.

Easterseals HS/EHS encourages staff and parents to recognize and acknowledge the professional nature of their relationship with parents. While forging a partnership between staff and parents, staff must be clear in establishing boundaries with families that distinguish between being friendly versus being friends. Exercising professional boundary setting honors the context of the relationship and enables staff to continue providing objective and effective services. Attendance at family gatherings (e.g., birthday parties, baptisms, and social occasions) is discouraged as it is outside of the scope of staff's provision of program services.

In the home-based program, home visitors often develop strong ties with the families; as a result home visitors are sometimes invited by the parent to attend family holiday celebrations, children's birthday parties and other celebratory occasions. Home visitors are to graciously decline these invitations unless there is a compelling reason to attend and that must be documented and discussed with the supervisor. Maintaining professional boundaries; being equally accessible to all families; and, protecting the personal time of the home visitor is imperative.

STAFF/PARENT COMMUNICATION

HSPS 1302.41

Staff are always to attempt to communicate with families in a positive and supportive manner that strengthens the parent-staff and parent-child relationships.

Center-based teachers, family services staff, and center supervisors should make every effort to communicate daily and consistently with families (e.g., at drop off and pick up, when parents volunteer in the program, notes sent home, telephone calls, email). Daily interactions strengthen the relationship with the parent and provide opportunities to let the parent know the positive experiences their child is having and opens the conversation for parents to ask questions or inform staff of their child's development or needs.

EHS staff document food intake and eating patterns daily for each child on the EHS Daily Record which outlines events of the day (e.g., feeding notes, diaper changing, naps). Staff conduct daily conversations with the parents regarding the information documented in the daily record. Home visitors and parents communicate regularly during home visits and socializations. They also communicate between these engagements, as needed, to share information, schedule, and follow up on requests.

COMPLIMENT AND COMPLAINT POLICY AND PROCEDURE

Easterseals HS/EHS encourages open and honest communication. The procedure for parents to share any complaints they might have, as well as compliments to staff, are clearly outlined in the *HS/EHS*

Family Handbook. All Easterseals HS/EHS staff are to have training on this policy, read the *HS/EHS Family Handbook*, and share this information with families.

FAMILY NEEDS ASSESSMENT /GOALS/REFERRALS

To identify family goals, strengths, and necessary services and other forms of support.

All families must complete a Family Needs Assessment before they are enrolled into the Easterseals Early Head Start and Head Start Program. A new FNA must be completed every year that the family is enrolled in the program. The Family Needs Assessment is a questionnaire that was designed to help the family advocates identify areas that each individual parent needs assistance with.

To engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. When developing a goal with a family, you must take into consideration each family's readiness and willingness to participate in the process.

- During the meeting with each family to complete the Easterseals Family Needs Assessment the Family Advocate will develop a goal with each family.
- The goal will be developed based on the needs of the family and what they are trying to accomplish/gain.
- Once you have spoken to the family about their goal you will enter the goal into COPA in the "Family Data Sheet" under the tab "Family Goals" (a goal should be entered within 5 days of completing the FNA).

Easterseals' Family Advocates must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interest and goals.

Once a family has been enrolled into the Head Start/Early Head Start program and completed the family needs assessment and developed a goal with the family advocate the family advocate will begin providing referrals to help the family reach their goal(s). Referrals should be unique to each parent.

Staff and family work together to determine what family services will be provided through the individualized family partnership agreement process. The process is designed to support the family in identifying their own strengths, interests and goals. This includes writing down these goals and determining resources and timelines for achieving them. The family services staff or home-based teacher will schedule a time and place with the parents to begin the family partnership agreement process. After the initial meeting, the family services staff or home visitor will continue to follow up and work with the parents to achieve identified goals and record accomplishments.

Family partnership agreements developed with the family may include the following:

- Developing family goals in relation to their own safety or self-sufficiency, education, or job skill training;
- Building knowledge of child development;
- Building knowledge of how to plan daily routines that individualize and stimulate learning for the child;
- Increase understanding of general childhood health and nutrition and how it relates to their child; and,
- Building knowledge about community resources and skills in problem solving to better utilize available resources.

Expectant families should use the family partnership agreement to identify services to be provided by Early Head Start and how often they will be offered in their homes, community or other settings. The prenatal needs assessment may be used in addition to the family needs assessment to assist in identifying needed resources and supports.

To be successful in carrying out these activities with families, staff must develop a relationship of trust that is respectful of the family's culture, ethnic, and linguistic uniqueness. In creating a collaborative partnership, the parent is the "senior partner", taking the lead in identifying family needs, interests, strengths, goals and services and other supports to address those goals and interests. Family services staff are to document in COPA all follow-up contacts and progress throughout the year on family partnership agreement goal achievement, referrals and referral activity, and changing needs and interests of families.

HOME VISITS AND STAFF - PARENT CONFERENCES

In both center and home-based programs additional staff may participate in the home visit or conference (or another family meeting) to assist with coordination and integration of services, as appropriate (e.g., the health and nutrition staff may be invited if there is specific information to share, the family service staff may attend to follow up on family goals).

Staff in full-year programs are to schedule and complete a minimum of two home visits and three staff-parent conferences each year. The months these are scheduled are to be indicated on the program calendar.

Education staff are to explain the rationale for and advantages of home visits to the parents and make every effort to meet with the family in their home, unless parents expressly forbid it or the home presents a significant safety hazard to staff. If home visits are not to occur in the home, staff is to document this information in the child's file and find an alternative location to meet (e.g., local library, socialization site). Parent refusal to participate in home visits is not to be used as a reason to disenroll the child from the program.

The purpose of home visits is to enhance a parent's knowledge and skills in being the primary facilitator of their child's growth and development. The first home visit provides an opportunity for staff to get to know each child and family and to begin building a respectful, trusting, goal-oriented relationship between teacher and parents which will foster children's school readiness. The purpose of the second home visit-and the staff-parent conferences is to share and discuss the child's development and learning, exchange information and perspectives between home and the program, and determine individual goals for children. Families share their observations with staff about their understanding of the child's growth and development since the last meeting. Staff share their assessment and observations of the child's growth and together they determine individual goals for the child. Staff are to document home visits and staff-parent conferences on forms designated by the program. Other staff working with the family can make or join home visits, as appropriate.

HOME VISITS FOR HOME-BASED PROGRAMS

The purpose of home visits is to enhance a parent's knowledge and skills in being the primary facilitator of their child's growth and development. In addition, home visitors bring all of the comprehensive Head Start/Early Head Start services into the home. All home visit plans are to have a focus on optimal child development in the context of parent-child relationships.

See the Home-based At-a-Glance and Early Childhood Education and Curriculum section of this manual for more information regarding home visits in the home-based program.

PARENT AS THE CHILD'S FIRST TEACHER

Easterseals HS/EHS believes that parents are their child's first and most important teachers because they are the most significant adults in the child's life. It is a goal of Easterseals to promote the parent-child relationship and support parents in the challenging task of child rearing. Many program activities are planned to provide opportunities for parent and community involvement.

Parents who meet the minimum job qualifications are to be given preferential consideration for employment. They are also to be urged to donate their time and unique talents to the Easterseals HS/EHS program by volunteering. Parents are also automatically on the center's Parent Committee and, if interested and elected by their peers, may serve as a member of the Policy Council/Committee. Parents may attend training sessions that are planned for them, including on some occasions, out-of-town conferences.

TRANSITION/ORIENTATION

HSPS 1302.70

Transitions such as entering or leaving a program or changing from one program option to another require thoughtful planning and preparation for the benefit of both the child and the family. Through these kinds of transitions, the family remains the secure base for the child. We do all we can to empower families to be involved, make decisions, and advocate for their child when entering Easterseals' HS/EHS programs and during transitions.

ASSIGNMENTS TO CENTER-BASED CLASSROOMS

If parents have more than one child in the program, a plan will be developed to address the needs of each child. HS/EHS staff will be responsive to parent initiated needs and requests regarding transfer to a different classroom if needed.

CHILD ORIENTATION AND TRANSITION

HSPS 1302.70

- Center Director/Owner will inform the Family/Health Advocate of a new child one week prior to enrollment in the classroom.
- The Family/Health Advocate will then inform the Education/Inclusion Coach and arrange acceptance meeting with the family.
- Before acceptance meeting, the Center Director/Owner will describe transition procedure to the family.
- For children with disabilities transition meetings and playdates will occur before the acceptance meeting with the Education/Inclusion Coach and/or Education/Inclusion Coordinator.
- During the acceptance meeting The Education/Inclusion Coach will complete the transition plan with the family.
 - ✓ The Education/Inclusion Coach will review the plan with the parent.
 - ✓ The parent and the Education/ Inclusion Coach will sign off on the plan.
 - ✓ Note: If child has IEP, the Education/Inclusion Coach will use *Into the Program with an IEP transition Plan*.

The following must occur within the first week for enrolled families (as needed):

- ✓ The teacher will document transition schedule on transition form.
- ✓ If needed parent(s) or other adult relatives may spend at least two hours in classroom or center for at least three days upon arrival.

- ✓ The Education/Inclusion Coach will go over transition plan with the classroom teacher and answer any questions they may have about the child.
- ✓ The teacher will sign the transition plan.
- ✓ The teacher or Education/Inclusion Coach will place the plan in the child's education folder.
- ✓ The teacher should prepare the classroom for the new child i.e. label cubbies, toothbrush, with each child's name; photo or post family photo.
- The Center Director/Owner and/or teacher will add the child in Teaching Strategies GOLD no later than three days after enrollment date.
- The Family/Health Advocate will add the child in COPA by enrollment date.
- The teacher must provide personal encounter or meeting with parent to describe child's progress in the program after one week.
- The teacher will document the date and activity on the Family Contact sheet, as well as notify the Education/ Inclusion Coach.
- The Education/ Inclusion Coach will then document in case notes in COPA.

EARLY HEAD START TRANSITIONS

HSPS 1302.70

Transition planning must begin for each Early Head Start child and family at least six months prior to the child's third birthday. The process must include a written transition plan for each child and her or his family. The process must take into account the following:

- The child's health status and developmental level;
- Progress made by the child and family while in Early Head Start/Early Head Start;
- Current and changing family circumstances;
- The availability of Head Start/Early Head Start and other child development services in the community; and,

As appropriate and on rare occasions, Early Head Start regulations allow that a child may remain in Early Head Start following his/her third birthday, for additional months until she or he can transition into Head Start or another program. Whenever possible it is expected that the child is to transition at age three and for assessment and planning to occur at least six months in advance to make sure this occurs. HS/EHS staff are to work with each family to help determine the appropriate placement decision.

HEAD START/EARLY HEAD START TRANSITIONS

HSPS 1302.71

Each Easterseals HS/EHS program is to develop an effective and smooth transition plan for children who are to enter kindergarten the following year. This plan is developed with the Local Educational Agency (LEA) and parent input) which should be included in a Memorandum of Understanding (MOU) between Head Start/Early Head Start and the LEA and based on the following guidelines:

- All Head Start Staff will establish communication with Kindergarten programs and elementary schools within the community based in Linkage Partnership Agreements.
- The Family/Health Advocate will identify if a child will be Kindergarten age the following school year, and will notify the Education/Inclusion Coach prior to the acceptance meeting.
- The Education/Inclusion Coach will explain the Out of the Program Transition Plan to the family during the acceptance meeting and begin completing the Out of the Program Transition Plan form with the parent.

- The Center Director/Owner, Family/Health Advocate, and the Education/Inclusion Coach will schedule a Kindergarten workshop or individual meetings with families before November 15th.
 - ✓ The Family/Health Advocate will call each family that has a child going into Kindergarten to inform about the workshop/meeting; as well as provide a flyer in their child's cubby (this will be documented in COPA).
 - ✓ Flyers will be posted on Parent Resource Board, as well as in classrooms.
- The Center Director/Owner will notify Teachers about the workshop and ask them to remind parents.
- The following will need to occur during Transition workshop/meeting:
 - ✓ The Family/Health Advocate will provide information depending upon school district and explain programs.
 - Chicago program – The “Option for Knowledge” application and process for applying for Kindergarten will be explained to the parent.
 - ✓ The Family/Health Advocate will discuss the Transition process with families, as well as provide activities to help parents have a successful transition.
 - ✓ The Education/Inclusion Coach will discuss the transition process and what a child should be able to do before entering Kindergarten. The Coach will provide at home activities that parents can do with their child to support development and learning.
 - ✓ Neighborhood Kindergarten program staff should be invited to attend and share information about their program.
 - ✓ The sign in sheet, flier, and copies of all handouts provided to families, need to be turned in to the Family/Health Coordinator within one week of the workshop. The information should also be documented in COPA case notes.
- Chicago Program only: The Family/Health Advocate will follow up with the family one week before deadline to apply for Kindergarten.
 - ✓ This will be done with family via phone and/or personal contact.
 - ✓ Document schools applied to in COPA.
 - ✓ Ensure that parents have applied to multiple Kindergarten programs.
- The Center Director/Owner and the Family/Health Advocate, will work together to support and educate parents about things to expect during transition process:
 - ✓ The Family/Health Advocate will send a letter to parents informing them what the public schools require for registration and offer to visit new school program with family by April 1st.
 - Parents will be asked to return the letter by April 15th, to identify which school they will be attending and which items are needed from their file.
 - Center Directors/Owners will be asked to remind families about the letter, and collect them for the Family/Health Advocate.
 - The Family/Health Advocate and the Education/Inclusion Coach will provide requested documents to the family by the second Friday in June.
 - Family/Health Advocate will maintain a list of school(s) parent has selected.
 - Family/Health Advocate will have parent sign the information release form, on an as needed basis so that information can be shared with Public Schools.
 - All information must be documented in COPA.
 - ✓ The Family/Health Advocate will provide resources to the family to provide information during the months of April/May/June.

- The Center Director/Owner, Teacher and the Education/Inclusion Coach will work together to plan transition activities in the classroom.
 - ✓ Classroom teacher will document in the lesson plan/documentation, activities such as; role play during daily routines, reading books, having a child in a kindergarten program visit the classroom to talk about their typical day and ongoing classroom discussion.
 - ✓ The Education/Inclusion Coach will share Kindergarten Readiness Activities with families during the months of April/May/June.
 - Document in COPA.
 - ✓ Classrooms that have at least one student transitioning to Kindergarten must complete the Getting Ready for Kindergarten Study during the last service month.
 - ✓ Obtain required signatures on Transition Plan (Education/Inclusion Coach, Teacher, Parents) and update as needed.
 - ✓ The Teacher will pack up all the child's belongings and have prepared for the parent on the last day in the program. Document date given to parent on the Family Contact Sheet.
- The Family/Health Advocate will terminate the child in COPA within two days of the final date of attendance.
- The Center Director/Owner will archive the child in Teaching Strategies GOLD within three days of the final date of attendance.

TRANSITIONS FOR CHILDREN WITH IEP/IFSP

Easterseals Education and Inclusion Coaches work closely with the parents of children with an IFSP/IEP, the Early Intervention Program, and the Local Education Agency to provide a well-planned transition for children. The transition planning should be part of the IFSP/IEP meeting and for Early Head Start children should begin six months before the child's third birthday.

A Memorandum of Understanding (MOU) should be developed between Head Start/Early Head Start and the Local Educational Agency (LEA) and between Head Start/Early Head Start and the Early Intervention Program.

During the eligibility meeting, Family/Health Advocates will ask families if their child has a diagnosed disability (IEP or IFSP). If family confirms the child does have a diagnosed disability, the Family/Health Advocate will scan any information on the child that is available to the Inclusion and Mental Health Manager who will review within 24 hours and contact the family and Center to schedule a play date. During the phone call the Inclusion and Mental Health Manager or Education/Inclusion Coordinator will complete the play date information form to gain information regarding the child's needs and inform the parent that the child could be placed at another Center in efforts to best include the child.

The Education/Inclusion Coach, Family/Health Advocate and Inclusion and Mental Health Manager or Education/Inclusion Coordinator will attend the playdate.

The following will occur at the play date:

- The child will spend at least 30 minutes in the classroom
- The IEP/IFSP will reviewed with the parent and the child's needs will be discussed
- The play date information form will be reviewed
- Any accommodations and planning that will be needed for the child will be discussed
- It will be determined if the child will attend the center or visit another center

- If it is determined that child will attend center, the acceptance meeting will occur
- If it is determined the child will not attend, a playdate at another center will be scheduled

If it is determined that the child will attend the center, the appropriate Education/Inclusion Team member will meet with teachers to train them on the child's IEP/IFSP, individualization and transition plan.

INTEGRATED SERVICE APPROACH AND CHILD FILE DOCUMENTATION

HSPS 1302.62

A critical element of Easterseals HS/EHS services is that the child and family are at the center of a circle of support. Head Start/Early Head Start Performance Standards refer to child and family-centered services. Head Start/Early Head Start staff work together and with community partners to provide children and their families with a seamless, integrated system of caring, coordinated services and supports.

Staff must be able to articulate and demonstrate documentation of how they work together to utilize multiple sources of information on all aspects of each child's development and behavior. This includes input from family members, teachers and other staff, information from screening, ongoing assessment/observations, IEP/IFSP, and medical and dental evaluations. There must be a clear system for identifying and tracking needed services, referrals, and follow-up treatment. This integrated service approach is to ensure that the Head Start/Early Head Start "team" (e.g., teaching staff, family services staff, nutrition staff, center director, is aware of and supporting the individual characteristics, strengths, and needs of each child and his/her family.

All services for the child and family will be documented in the electronic data tracking system (COPA).

Although documentation receives such a primary focus in our HS/EHS programs, be sensitive to the relationship you are building with families and make every effort to not make documentation your primary communication topic with families. As you get to know the family and provide information about program services and expectations, you will build a partnership that will strengthen the family and improve the program with their participation.

CONFIDENTIALITY OF RECORDS

HSPS 1303.21

A confidential, individual file for each child in Easterseals HS/EHS 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/Early Head Start files are held in trust for the benefit of the children and families receiving services from the program, and will follow the child as of the first day of Easterseals HS/EHS operations to ensure uninterrupted services for the child and family. Included in these files are a number of signed consent/authorization forms, which will include the following:

1. Emergency Contact Information
2. Emergency Medical Treatment
3. Medication Authorization (when applicable)
4. Individual Health Care Plan (when applicable)
5. Consent for other services and permissions such as developmental screening and assessment
6. Consent for sharing of confidential information with a third party (designated providers, when applicable)

Easterseals HS/EHS takes the position that 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/Early Head Start services unless Easterseals 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 is to have access to the child's file.

- Parents and legal guardians have the right to inspect their child's files.
- The parent/guardian shall use the child file access request form to gain access to their record.
- This review is to occur no later than ten (10) working days after a request is received.
- Inspection and review is to be conducted during normal working hours and the custodian of the file is to be present.
- 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 indicate so on the child file access request form.

Only authorized persons are permitted to view children's records or files. Easterseals HS/EHS internal audit teams, state child care licensing agencies, and Head Start/Early 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 Easterseals HS/EHS staff member working in the program where the child is enrolled) 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.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Parents and staff are to jointly decide if all or part of the child's records are to be forwarded to the school system, or other children's services programs or agencies. If a parent does not give consent for release of all or part of the records that contain personally identifiable information, this fact is clearly documented in the front of the child's master file by the Easterseals staff member and the information is not to be released.

Written parental consent must be obtained before any personally identifiable data, information, or materials from the child's file can be released, disclosed or shared with any third party. Written parental consent must clearly identify the program participant and information subject to third party release. The term "participant" includes children and families currently enrolled in Head Start/Early Head Start services, children and families previously enrolled, and information provided in connection with application for enrollment.

Exceptions to the parental consent rule include:

- Information required through a subpoena or other legal process;
- Situations that pose an immediate threat or danger to an individual or the community;
- Information that must be disclosed as part of a statutory or legal obligation, particularly the reporting of suspected child abuse and neglect and related investigative activities; or,
- Official representatives of funding, auditing, licensing, investigative and other regulatory agencies entitled to conduct program reviews and/or audit activities; and,
- Transfer of the child's file to the replacement grantee/awardee.

When a situation arises in which a child is enrolling in the Easterseals HS/EHS program and has medical, educational, mental health, enrollment, special education or other records that would provide useful information, the parents or guardian are to be asked to sign a consent form for the request to exchange confidential information so that information can be shared between agencies. This written authorization form is signed and dated by the parents or guardian and specifically indicates the nature of the information that Easterseals is requesting to be disclosed.

FILE MAINTENANCE AND SAFEGUARDS

The HS/EHS child master file is maintained as a continuous record for each child/family served. Files are to be located in locked filing cabinets at the center the child attends. Information is also contained in a master data entry system at the program administrative offices (COPA). Entries into the record are as follows:

- Information is to be contained in the file as outlined in the child file checklist and is organized in an approved format;
- 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 (see the Easterseals Document Retention Schedule for specifics)
- All files are to be kept current by the family health advocate assigned to the child/family;
- Entries into the child master binder 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 are to be used and must be initialed and dated;
- Files are to be removed from the center only with prior authorization by the Parent, Family, and Community Engagement Manager.

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 PDM team audit 20% of the files bi-monthly to ensure all files have been reviewed by the end of the program year.

FILE RETENTION

When an HS/EHS child's file becomes inactive through disenrollment or transition out of the program, the file is to be given to the family health advocate for processing. All follow-up activity is to be completed when the child and family are discharged from the Easterseals HS/EHS 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/Early Head Start program (See archive policy/procedure).

PARENT REFUSAL OF SERVICES (DECLINATION)

When a parent refuses to provide authorization for services of any kind that have been recommended by Easterseals HS/EHS, they are to be asked to sign a declination of services form which is filed in the child's file. Staff are to make every effort to educate parents about the possible benefits of the recommended services and are to periodically revisit the topic throughout the year to see if the parents have reconsidered. No services of any type are to be provided to children without the prior approval of the parents whether they sign the declination of services form or not. A notation of a verbal declination is to be made in the child master file indicating who refused the services, to whom the refusal was made and the date.

Parental refusal of services does not negate the program's responsibility to effectively support the child and family. Program staff will continue to work with parents to educate them so they fully understand the impact of their decision. In addition, program staff will strategize ways to provide the best services for the child while still honoring the parents' decision.

SERVICES FOR CHILDREN WITH DISABILITIES

HSPS 1302.61

INDIVIDUALIZATION

Easterseals HS/EHS programs are full inclusion programs. Every efforts must be made to include children with disabilities in all program activities. The Inclusion/Mental Health Manager will collaborate with the Education Managers to support the teacher in utilizing information provided in the child's IEP and IFSP when planning individualization strategies. Any accommodations, modifications, and adaptations used to support a child with a disability in program activities should be documented in the teacher's monthly/weekly lesson plans.

THE LAW

The Head Start Act requires that "the Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the local number of children actually enrolled by each Head Start agency and each d delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services, as appropriate, as determined under the individual with Disabilities Education Act by the State or local agency providing services under section 619 or Part C of the Individuals with Disabilities Education Act (IDEA)" The most recent Head Start authorization requires that agencies have 10% enrollment of children with a valid Individualized Education Plan (IEP) or current Individual Family Service Plan (IFSP). The Individuals with Disabilities Act (IDEA) shifts the responsibility for the identification, evaluation and provision of services to children with disabilities from Head Start/Early Head Start to the Local Education Agency (LEA) for Chicago -Chicago Public Schools (CPS). The LEA is responsible for provisions of services to children for the three to five years-old with disabilities. Child and Family Connections (CFC) agencies are responsible for services to infants/toddlers with disabilities. Other laws that govern services to children with disabilities are the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

REFERRAL

REFERRAL PROCESS – HEAD START (Chicago Programs)

Within 3 days of screening or notice of concern:

- Center staff notify the Education/Inclusion Coach of the screening and or parent/teacher concern using the Initial Referral Request Form (IRRF)
- As soon as Coach receives IRRF, she will sign and date it and place a copy in the Inclusion Coordinators mailbox.
- Coach enters case note in COPA stating the IRRF was received.
- Coach changes disability status in COPA to suspected under disability tab and ensures the second question under the developmental tab is marked yes.
- Coach enters a referral under referral tab in COPA according to COPA manual.
- Review of Child's progress meeting

- The Education/Inclusion Coach meets with classroom teachers and any other pertinent staff to review child's screening results and performance and prepare specific examples to share with parent.
- The Coach collects information from the child's health history, hearing/vision screenings, and observations of child that are relevant to the referral recommendation.
- Once the decision to refer the child to CPS has been made, the Procedures for Referral to CPS form must be started and steps followed. This form is to be updated throughout the process.
- Coach enters case note into COPA that Review meeting occurred, who attended and the outcome.

Within 10 days of the screening or notice of concern:

- The Education/Inclusion Coach convenes a Screening Review Team (SRT) meeting to review child's performance, and explain the referral process to the parent. Classroom teachers and any other pertinent staff should attend.

The SRT Meeting Includes:

- Purpose of the developmental screening and Review of the child's screening
- Screening results indicate that an evaluation is needed
- Review of child's progress in the classroom, observations and examples of reason for referral and any teacher concerns, review child's medical records etc.
- Parent Input
- Explanation of referral process, what the parent can expect and how services could benefit the child
- Explanation of parent rights and how Easter Seals will support the family and child in the classroom

REFERRAL PROCESS – EARLY HEAD START

To ensure all Early Head Start Children with suspected disabilities are referred in a timely manner.

Referrals for EHS children age 6 weeks to 3 years are made to the Early Intervention (EI) system. (Child and Family Connections)

Reasons for referral include observations by parent or professionals and or screening results. Children can be referred to EI for the following areas

- Gross Motor
- Fine Motor
- Cognitive
- Social/Emotional
- Speech/Language/Communication
- Behavior
- Vision
- Hearing
- Adaptive/Self Help Skills
- Sensory Processing

Center teachers/staff will notify Education/Inclusion Coach within 3 days of a failed screening or concern. As soon as the coach is notified, the coach enters a referral into COPA, changes the disability status to suspect in the disability tab and enters a case note into COPA.

Review of Child's Progress Meeting:

- The Education/Inclusion Coach will meet with Center staff and any other pertinent staff to review child's screening and performance. A case note is then entered about the concerns and next steps.
- The Coach collects information from child's health history, hearing/vision screenings, and observations of child that are relevant to the referral recommendation. This will help prepare for the SRT meeting.
- Once the decision to refer a child has been made, the Procedures for Referral to Early Intervention must be started and steps must be followed. This form is to be kept in the child's yellow disability folder and used as guidance throughout the process.

Screening Review Team (SRT) Meeting:

- Within 10 days of the screening or notice of concern the Education/Inclusion Coach will convene a Screening Review Meeting to review the child's performance and explain the referral process to the parents. The SRT meeting should consist of the parent, Coach, Center teachers and any other pertinent staff.

SRT Meeting includes:

- Purpose of the developmental screening
- Screening Results
- Observations/examples from the classroom
- EI referral process
- Parent's Rights and responsibilities
- Inform the parent that the Education/Inclusion Coach will attend all meeting with the family.
- Inform that if the child qualifies, all services will be given in the home or at the child care center.

If parent agrees to referral:

- The Education/Inclusion determines which EI Agency serves the family based on their zip code
- The Referral to Early Intervention /Authorization for Release is completed by the Coach and signed by the parent.
- The coach compiles the referral packet and faxes it to the appropriate Child and Family Connections (CFC).
- A COPA case note is entered.
- Coach calls after the 10th day to ensure the CFC has called the family and documents call in COPA case notes
- The coach supports the family with the scheduling of an appointment with the appropriate CFC, for enrolling the child for further evaluation.
- The coach attends meetings with the parent and documents outcomes in COPA Case notes.
- The coach monitors the referral and ensures evaluation takes place within 45 days by checking in with the parent and Service Coordinator and documents in COPA case notes.
- If child received an IFSP, the coach enters it into COPA according to the COPA manual, creates an IFSP at a glance and reviews these with the teachers and parent.
- The coach follows up to ensure child receives services within 30 days

If the parent chooses not to have the child evaluated by the CFC:

- Parent must sign the Procedures for Referral to Early Intervention form to document their decision to decline a referral for an evaluation.

- Coach supports teachers with strategies to work with the child
- Coach follows up with parent periodically

REFERRAL TRACKING

To provide up to date information regarding children with suspected and diagnosed disabilities on an on-going basis.

Education/Inclusion Coaches will submit updated referral lists to the Inclusion Coordinator Bi-Weekly (Every other Friday)

- Referral lists must include the following information
- Children with certified IEPs/IFSPs-
 - Name
 - Disability and dates of IEP/IFSP
 - Services child is receiving and CPS school or EI provider
 - Any changes or important information
 - Any work Coaches have done regarding that child (trainings or meetings with teachers, accommodations/items given to Center/modeling coaching)
- Children with Suspected Disabilities
 - Name
 - Concerns
 - Status of referral- (packet sent/waiting for documents)
 - Dates of any meetings
 - Brief notes on Progress of referral
 - Highlight anything you need from the Center
 - Any necessary updates

Inclusion Coordinator will distribute Referral Lists at Directors Meetings

SCREENING REVIEW TEAM (SRT) MEETINGS

To ensure all children that score refer or are identified as possibly needing further evaluation have an appropriate SRT meeting in a timely fashion.

SRT meetings must occur within 15 days of screening or Initial Referral Request Form.

Education/Inclusion Coaches are to meet with teachers and any other pertinent staff before meeting with parent to discuss the child's development and any concerns. This meeting should be documented through a sign in sheet and Meeting notes.

Education/Inclusion Coach should also speak with the Health Assistant to obtain any useful health information. Coaches should begin to compile a disability folder at this time.

Items to discuss at SRT meeting:

- Child's overall development and strengths as well as explanation of screenings and results
- Areas of Concern
- Parent Input
- Parent Rights
- Health History
- Steps of Referral Process and Documents needed
- What services would look like if child qualified
- How coaches and teachers will support child and family through the process
- Go over paperwork and have parent sign that they agree to referral or would like to decline

PARENTAL RIGHTS

All HS/EHS staff should be aware of Public Law 106-17, the Individuals with Disabilities Education Act (IDEA) Amendments of 1997, strengthens the rights of parents to participate in the educational decision-making process and support parents in their role as advocates for their children. See the *HS/EHS Family Handbook* for details on Parental Rights.

PROGRAM GOVERNANCE - POLICY GROUPS

Easterseals HS/EHS 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. This process is called "shared governance." All HS/EHS staff should be familiar with HS/EHS *The Parent Voice: An Introduction to Shared Decision Making in Head Start/Early Head Start* and encourage parents to read it and be involved.

PARENT COMMITTEE

All parents at the center/home-based unit level
Meetings at the center/home-based unit level
Family events and activities

POLICY COMMITTEE

Delegate agencies only
Separate By-Laws
Membership on Policy Council

POLICY COUNCIL

Local program level
Elected by parents at Parent Committee
Community Representatives elected
by Policy Council parents

EASTERSEALS BOARD OF DIRECTORS

National governing responsibility
Legal & fiscal responsibility for
each local program

PARENT COMMITTEES

HSPS 1301.4

Parent Committees are organized at the center/home-based unit level. Every parent of a currently enrolled child is automatically a member of the Parent Committee. See Staff Responsibilities at Parent Committee meeting in the *Employee Requirements* section of this manual. Activities for the Parent Committee include:

- Working with the Policy Council to support overall program development and implementation;
- Planning, conducting, and participating in informal or formal programs and activities for parents and staff (e.g., Parent Committee meetings, family picnics, 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;
- Playing a vital role in recruiting and interviewing employees, helping determine how and where to recruit potential employees when needed, and participating in the interview process;
- Contributing to program development and operations in many ways, including the following:
 - Becoming involved in the development of the program's curriculum and approach to child development and education;
 - Advising staff in developing and implementing local program policies;
 - Assisting in planning program activities for centers and group socialization experiences;
 - Identifying how volunteers and community resources can extend program services; and,
 - Suggesting where to look for community volunteers and resources;
- Collaborating with local agencies and other organizations to advocate on behalf of low-income

- family; and,
- Assisting in recruiting parents and other resources to support desired parent driven activities and to generate non-federal share (match or in-kind).

POLICY COUNCIL/COMMITTEE

HSPS 1301.3

The Easterseals HS/EHS Policy Council/Committee is a policy-making group that shares in decision-making for the Easterseals HS/EHS programs. The Policy Council/Committee is responsible for the direction of the Easterseals HS/EHS programs, including program design and operation, long and short term planning goals and objectives, utilizing the information from the annual communitywide strategic planning, and self-assessment.

RESPONSIBILITIES

HSPS 1301.3

Policy Council/Committee shall approve and submit to the governing body decisions about each of the following activities:

- Procedures for program planning;
- Program philosophy and long- and short-term program goals and objectives;
- Recommendations on the selection of delegate agencies and the service areas;
- Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start/Early Head Start agency is responsive to community and parent needs;
- Criteria for defining recruitment, selection and enrollment priorities;
- All HS/EHS funding applications and amendments to funding applications;
- Budget planning for program expenditures including policies for reimbursement and participation in Policy Council/Committee activities;
- The composition of the Policy Council/Committee and procedures for how members of the Policy Council/Committee are to be elected;
- Internal dispute resolution/impasse procedures;
- By-laws for the operation of the Policy Council/Committee;
- Procedures to ensure that members of the Policy Council/Committee do not have any conflicts of interest with Easterseals HS/EHS.
- Procedures to ensure that members of the Policy Council/Committee do not receive compensation for their service on the Policy Council/Committee or for providing services to the Head Start/Early Head Start agency;
- Program personnel policies and decisions regarding the employment of program staff, consistent with state and/or licensing regulations, including standards of conduct for staff, vendors and volunteers; criteria for the employment and dismissal of program staff; and,
- Establishing and maintaining procedures for hearing and working to resolve community complaints about the program, in conjunction with the Board of Directors.

PRINCIPLES

- The Policy Council/Committee functions as a link to the Parent Committees in communicating with parents of children enrolled in the Easterseals HS/EHS programs.
- Policy Council/Committee members operate as the voice for parents who have children currently enrolled in the program.
- Parents are elected into a Policy Council/Committee structure that reflects proportionate representation by program option: Head Start/Early Head Start as well as center-based, home-based, and combination.

- Parents may not serve on Policy Council/Committee if they are related to Easterseals HS/EHS employees by blood, marriage, or domestic partnership.
- All members of the Policy Council/Committee must stand for re-election annually.
- Policy Council/Committee members may serve no more than five one-year terms in their lifetime.

MEMBERSHIP

HSPS 1301.3

The Policy Council/Committee membership is made up of two member categories. First, the parent members elected by parents who constitute the Parent Committees for both center and home-based programs where their children are currently enrolled; and, second are community representative members who are either parents of formerly enrolled children with an interest in continuing their involvement and/or other area members who share local expertise or represent other resources in the community vital to the service and support of children and families in the program.

Parents: Parents of children currently and actively enrolled in the Easterseals HS/EHS program are members of the Parent Committees as established in and prescribed by Head Start/Early Head Start Performance Standards. The Parent Committees (all the parents in designated centers and/or home-based units) are to nominate and elect parent members from their respective Parent Committee groups to be seated on the Policy Council/Committee. Parent members are to comprise at least a majority of the total Policy Council/Committee membership (i.e., a majority number of member positions).

Community Representatives: Parents of formerly enrolled Head Start/Early Head Start and/or others from the community who represent community partners and resources, and who are also suggested and/or endorsed by the Easterseals HS/EHS program's management and are to be presented by the HS/EHS Director or designee to the Policy Council/Committee for consideration to be seated as members (i.e., elected). Only currently seated parent members of the Policy Council/Committee can vote in elections for community representatives; and, elected community representative members are always to comprise less than a majority of the total Policy Council/Committee membership (i.e., a minority number of member positions).

Policy Council/Committee members cannot be Easterseals HS/EHS employees, nor can they be related to any Easterseals HS/EHS employee by blood, marriage or domestic partnership. There is a lifetime limit of three (3) one-year terms to serve on the Policy Council.

BOARD OF DIRECTORS (GOVERNING BOARD)

HSPS 1301.2

The Easterseals HS/EHS Board of Directors has the administrative, legal and fiscal responsibility for Easterseals HS/EHS programs.

The Easterseals HS/EHS Board of Directors has the authority for establishment of all policies and conduct of the agency

- Defining the role and purpose and goals and objectives of the corporation in view of the general purposes, including an overall plan and budget for each of the corporation's facilities;
- Establishing personnel policies and procedures including hiring and termination practices, evaluation, pay scales and benefit packages, employee grievance procedures and equal opportunity practices;

- Establishing policies for financial management practices, including a system to assure accountability for the corporation's resources, approval of the annual operating and capital expenditure budgets; long-range financial planning; adopting fee schedules (where applicable), annual audit and internal controls;
- Evaluating program activities including service utilization patterns; productivity of the program components; parent satisfaction; achievement of program objectives; and, development of a process for hearing and resolving client grievances;
- Adopting program policies addressing scope and availability of services, location and hours of services, and quality of care;
- Establishing an ongoing quality improvement and quality assurance program;
- Reviewing the agencies activity for compliance with applicable federal, state, local, and tribal laws and regulations;
- Generally supervising the conduct of the agency's affairs in the manner and to the extent common to organizations of the agency's type and purpose.

As defined by the *Improving Head Start/Early Head Start for School Readiness Act of 2007* (aka *Head Start/Early Head Start Act 2007*), the Board of Directors shall have the following responsibilities, some of which are included in or subsumed by items in the scope of authority described above:

- Legal and fiscal;
- Active, independent and informed governance;
- Ensure compliance with laws and regulations;
- Delegate agency and service area selection;
- Child recruitment, selection and enrollment procedures and criteria;
- Funding applications and amendments;
- Review and approve major agency policies;
- Procedures for Policy Council/Committee selection;
- Financial responsibilities;
- Review monitoring results;
- Approve personnel policies and procedures;
- Standards of conduct;
- Establish advisory committees as needed;
- Approve self-assessment improvement plan and ensure that it is submitted to the Federal government; and,
- Review and approval/disapproval of items approved and submitted to them by the Policy Council to include the following:
 - Parent activities,
 - Recruitment, selection and enrollment priorities,
 - Funding applications and amendments,
 - Budget planning and Policy Council/Committee reimbursement,
 - Policy Council/Committee By-laws,
 - Personnel policies and staff employment,
 - Policy Council/Committee election procedures, and
 - Recommendations regarding delegate agencies and service areas.

In addition, HSPS 1301.1 requires that the Board of Directors have a legal and fiscal responsibility to administer and oversee the agency's Head Start and Early Head Start programs. The Board will assume general responsibility for and share in the decision making about:

- Procedures for program planning;
- The program's philosophy and long- and short-range program goals and objectives;
- Procedures describing how the Board of Directors and Policy Council/Committee are to implement shared decision making; and,
- Procedures for resolving internal disputes and impasses.

It is the Board of Director's sole responsibility to:

- Oversee and approve written policies that define the roles and responsibilities of the members of the Board of Directors and that inform them of the management procedures and functions necessary to implement a high quality program;
- Ensure that appropriate internal controls are established and implemented to safeguard Federal funds; and,
- Ensure that an independent audit is conducted in accordance with Federal regulations and standards.

The Board of Directors, in conjunction with the Policy Council/Committee, has the operating responsibility to establish and maintain procedures for hearing and working to resolve community complaints about the program.

In no event shall the foregoing itemization of functions and responsibilities be interpreted as a limitation on the authority and powers of the Easterseals HS/EHS Board of Directors.

ACKNOWLEDGEMENT PAGE
EASTERSEALS HEAD START/EARLY HEAD START OPERATIONS MANUAL

The employee acknowledges that:

I have received and agree to comply with the ***Easterseals HS/EHS Operations Manual*** and the policies and procedures contained herein. I understand that the manual and its related policies and procedures do not cover every situation that may arise. Further, I understand that the local state child care licensing agency may have stricter requirements that must be followed and it is my responsibility as a HS/EHS employee to have a copy of these regulations and to be familiar with them as well. Furthermore, I will read the ***Easterseals HS/EHS Family Handbook*** and be knowledgeable about the information contained therein that is shared with parents and be able to explain matters in the ***Easterseals HS/EHS Family Handbook*** to parents and comply with them myself.

- I have participated in the mini-training associated with this ***Easterseals HS/EHS Operations Manual*** prior to working directly with children as a HS/EHS employee.

Name of Employee: _____
(Please print legibly)

Employee Signature: _____

Date: _____

Detach this page from the handbook, read, sign, and turn it in.