



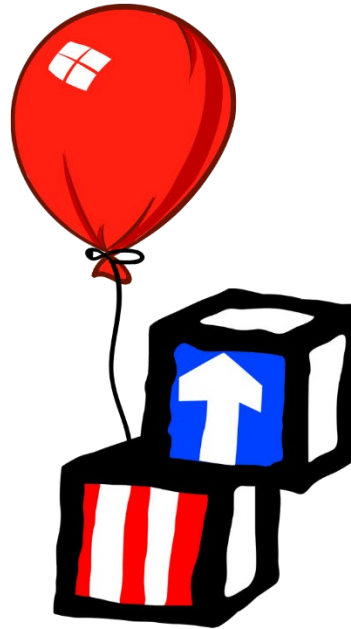
South Central Iowa
Community Action Program



2021-2022

Family Handbook

**Happy 55th
Birthday
SCICAP
Head Start!**



Mission Statement

*Providing a quality program to empower children
and families for lifelong learning and success*



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Important Center Information

Center Name: _____

Center Address: _____

Center Phone #: _____

Teacher's Name: _____

Teacher's Phone #: _____

Teacher Assistants' Names: _____

Teacher Assistants' Phone #: _____

Class Hours: _____

Arrival Time: _____

Pick-Up Time: _____

Bus Driver's Name: _____

Bus Driver's Phone #: _____

Cook's Name: _____

Family Resource Specialist's Name: _____

Family Resource Specialist's Phone #: _____



Central Office Information



South Central Iowa
Community Action Program



Head Start/Early Head Start

PO Box 715 | 1711 Osceola Ave | Chariton, IA 50049
P: 641-774-8133 | TF: 888-214-2473 | F: 641-774-8142

SCICAP Executive Director----- Brenda Fry

**Head Start/Early Head Start
Program Director**----- Lori Ferris

**Head Start/Early Head Start
Account Coordinator**----- Steph Burr

**Employment and Professional
Development Coordinator**----- Haley Reece

ERSEA Specialist----- Shaynee McCormick

Coach/Education/Disabilities Specialist----- Tricia Cobb

Coach/Education/ CLASS Specialist----- Ronda Morrett

EHS Coordinator/ CLASS Specialist----- Christina Hackett

**Facilities/Transportation/Quality Assurance/
Emergency Management Specialist**----- Becky Hysell

Health & Nutrition Specialist----- Taylor Grgurich

Health Assistant----- Whitney Jacobsen

Family Resource Specialist----- Shyanne Provost

Family Resource Specialist----- Kelsy Glas

Office Hours: Monday-Friday 8:00a-4:00p



Clarke County



Home-Based 3 Early Head Start

PO Box 233
2315 N Main St
Osceola, IA 50213
P: 641-342-7202

(Birth-3 yrs. old)

Wrap-Around

PO Box 233
2315 N Main St
Osceola, IA 50213
P: 641-342-1088

Monday-Friday 8:15a-3:15p

Wrap-Around Childcare:

Monday-Friday

6:00a-8:15a & 3:15p-6:00p

(3-5 yrs. old)



Murray Preschool Head Start Collaboration

216 Sherman St
Murray, IA 50174
P: 641-447-2517

Monday-Thursday 8:00a-3:00p



Decatur County



Funshine Learning Center Preschool Head Start Collaboration

423 N Walnut St
Lamoni, IA 50140
P: 641-784-7505

Monday-Thursday 8:00a-3:00p



Leon Early Head Start/ Wrap-Around

1601 NW Church St
Leon, IA 50144
P: 641-446-8050

Monday-Friday 8:00a-3:00p

*Monday-Friday
6:00a-8:00a & 3:00p-6:00p
(6 weeks-3 yrs. old)*



Decatur County (continued)



Lamoni (LEEP) Preschool Head Start Collaboration

202 N Walnut St
Lamoni, IA 50140
P: 641-784-3422

(4-5 yrs. old)



Leon (Central Decatur Little Cards) Preschool Head Start Collaboration

201 SE 6th St
Leon, IA 50144
P: 641-446-6521

*Monday-Thursday 8:00a-3:00p
(3-5 yrs. old)*



Lucas County



**Chariton Head Start
Wrap-Around**

418 N Main St
Chariton, IA 50049
P: 641-774-4723

Monday-Friday 8:00a-3:00p

*Wrap-Around Childcare:
6:00a-8:00a & 3:00p-6:00p
(3-5 yrs. old)*

**Home-Based 2
Early Head Start**

1711 Osceola Ave
Chariton, IA 50049
P: 641-414-7127

(Birth-3 yrs. old)



Monroe County



Albia Head Start

105 S 7th St
Albia, IA 52531
P: 641-932-2632

*Monday-Thursday 8:00a-3:00p
(3-5 yrs. old)*



Wayne County



Corydon Head Start

605 S West St
Corydon, IA 50060
P: 641-877-2521

*Monday-Thursday
8:00a-3:30p*

(3-5 yrs. old)



Humeston Preschool Head Start Collaboration

403 S Front St
Humeston, IA 50123
P: 641-877-2521

*Monday-Friday 8:00a-3:00p
(3-5 yrs. old)*



Philosophy Statement

It is the philosophy of the SCICAP Early Childhood Program that all children are capable of learning and growing regardless of their abilities or disabilities. We believe it is our responsibility to create a safe, healthy and predictable environment with many opportunities for children to explore, play and learn at their individual pace.

We are a comprehensive program. Teachers provide developmentally appropriate activities in all developmental areas-physical and health, social-emotional, literacy, language, and cognitive. When planning activities, teachers take into consideration each child's abilities, interests, cultural background, learning styles, and needs. Parents play an important role in our program. As their child's primary educator, we encourage parental input to support learning at school and at home.

Our program goal is to prepare all of our children for school by providing interesting, safe, and predictable environments, creative, hands-on activities that allow children to play and learn, involving parents and their home cultures, and by teaching to the whole child.



Program Goals

1. Supports the family in learning and growing together
2. Looks at the whole child, including emotional, physical, social, and mental development of each individual child - each child is encouraged to develop at their own rate
3. Assists children and families with transitions which may include transitioning from Early Head Start to Head Start, Head Start to another preschool program or Head Start to public-school
4. Develops a working relationship with each family and encourages the involvement of parents, child, and other family members with the community
5. Establishing and developing community understanding, interest, and appreciation for the program
6. Complies with the new Head Start Act and wants all children to be school ready



Fees

The SCICAP Early Childhood Program is federally funded through the Department of Health and the Department of Human Services. Therefore, there is no charge for our program and eligibility guidelines for the program have been determined.



Resolution of Conflict

If a conflict arises with a participant, the concern should be taken to the Teacher Director to be resolved in a confidential manner. If it cannot be resolved it should be discussed with the Early Childhood Program Director. If it cannot be resolved at these levels, it should be submitted in writing to the Grievance Committee of the Policy Council. The Grievance Committee is composed of one member from each county. Within ten working days of receipt of the grievance, the chairperson of the committee shall call a meeting of the members. In attendance shall be the person with the grievance and the person whom the grievance is against. The program director may be present if requested by any of those present. If either party is not satisfied with the decision, a written appeal may be made to the Agency Grievance Committee for their decision. The committee will meet to resolve the issue no later than ten working days after notification. The decision will be put in writing to the persons involved in the grievance. The decision of the Grantee Board shall be final.



Enrollment/Attendance/Discharge Procedures

Early Head Start Enrollment

Early Head Start is a comprehensive, year-round child development program for pregnant women and/or children birth to age three as well as special needs children. Enrollment is based upon eligibility criteria, with the majority of children being served coming from families who are at or below the current 100% poverty guidelines.

Home-based services include two monthly socializations, monthly field trips and weekly visits that last approximately 90 minutes taking place in the participant's home. If families are not able to participate in a home visit at their scheduled day and time, it is their responsibility to call their Home Visitor and let her know as soon as possible. It is very important that Home Visitors do not drive long distances and find families not home. Home Visits can be rescheduled.

Center-based services are also available which are Monday - Friday from 8:00 am - 3:00 pm.

Head Start Enrollment

Enrollment is based upon eligibility criteria, with the majority of children being served coming from families who are at or below the current 100% poverty guidelines. The lowest income children will be served first. Criteria have been established in order to serve children on a need basis. Children must be three years of age in order to be old enough for Head Start. Children who will be five years old prior to September 15th will need a letter of referral such as an IEP from a professional in order to be considered for enrollment. Head Start also serves children with special needs and our facilities are handicap accessible.



Enrollment/Attendance/Discharge Procedures(cont.)

Attendance

Head Start Performance Standards require children to attend regularly. It is the parent/guardian's responsibility to notify the child's teacher if they are going to be absent for the day and the reason why. If it is going to be an extended absence the teacher must notify the ERSEA Specialist with reason why. The notification can be a phone call, note with another parent, or by dropping by the center. If your child has missed two consecutive unexplained days or has erratic attendance, staff will make a home visit to discuss the absences and develop a plan of action to improve attendance. If attendance continues to be poor, the Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) Policy will be followed, which could result in your child being removed from enrollment.

Discharge Procedures

If your family has missed (3) consecutive home visits, has unexcused irregular attendance, or is absent from school, the family worker or teacher will make contact with the family through a telephone call and/or a home visit to see if there is some way we can assist you in resolving the attendance issue. If attendance becomes an issue, the family worker or teacher/home worker will be talking with you about any possible solutions.

If you are absent from any visit, or center-based option, we need to know the reason. Regular attendance is very important. It is your responsibility to notify Early Head Start/Head Start by phone when you will be absent from the school or if you will be unavailable for the home visit.

If your family does not participate on a regular basis, we will need to discuss the reasons in order to determine whether your child will continue in the program.



Change of Contact Information

When a currently enrolled/attending child moves within the SCICAP five-county area, they may transfer to a new center unless that center is full. If this happens, your child will be placed at the top of the waitlist.

It is extremely important for you to notify your SCICAP Early Childhood Program teacher if your address, phone number, or emergency contact numbers have changed. We must have a current number where you or the emergency contact person can be reached.

Keep your authorization of who may or may not pick up your child from school current. We **cannot allow** your child to leave with an unauthorized person, even if we know the person. Identification **is** required for people picking up your child or children who do not regularly pick them up. Persons picking up **must** be on the pickup permission form.



Parent Committee

Parent meetings or activities will be held monthly; at a time and place most parents can attend. **Parents are responsible for conducting the meetings.**

Agendas for the meeting could contain the following:

- What parties, if any they will have
- What special treats could be served
- Which holidays will be celebrated
- Parent Input Activities
- Activities for parents/families
- Socializations (Early Head Start Home-Based)
- Policy Council Information
- What community events the site could be represented at

Educational speakers/Community Reps are invited to attend the meetings with information parents would like to hear about.

NEW IDEAS ARE IMPORTANT TO OUR PROGRAMS, SO PLEASE FEEL FREE TO SHARE ANY IDEAS YOU MAY HAVE!



Policy Council

Policy Council is made up of the following people:

- One present parent and one alternate parent from each center.
- One community representative (which could include a past Early Head Start/Head Start parent) from each of the counties we serve (Clarke, Decatur, Lucas, Monroe and Wayne).
- Two parent representatives from the Early Head Start program.

Individuals are only able to serve five one-year terms in a lifetime.

Head Start will reimburse mileage and childcare expenses to parents who serve on Policy Council while they are at the meetings.

Any person that serves on Policy Council earns volunteer hours for their time spent at the meetings

The SCICAP Area Policy Council is responsible along with the Head Start Director and the Agency Governing Board for:

- Establishing goals for the program.
- Approving policies.
- Requesting funds for the program.
- Hiring and firing of staff.
- Assessing the program.



Teachers Trained on Curriculum & Assessments

Teaching staff are trained on Creative Curriculum, Teaching Strategies Gold and Brigance Developmental Screenings as part of their new staff orientation. The Education Specialist trains teachers on how to do the assessments for Teaching Strategies Gold, so that we can see the growth in our children from the beginning of the year until the end of the year, as well as the Brigance Developmental Screening. If a teacher is out during the time period when assessments are to be done, the Teacher-Director and/or Education Specialist are trained to come in and do the screening or assessments for that classroom.



Curriculum

The Early Head Start home-based service uses the Parents as Teachers Curriculum. Early Head Start center-based service uses the Creative Curriculum-Teaching Strategies Gold for Infants and Toddlers. Head Start centers use the Creative Curriculum-Teaching Strategies Gold for Preschool. Individualization, social/emotional, physical, cognitive, and language development are all areas addressed because it is important that we provide curriculum in all areas of development where children can grow to be school ready. The Teaching Strategies Gold Curriculum gives us important data about child growth from the beginning to the end of the year.



Teaching Objectives

Teaching Strategies GOLD – Objectives for Learning & Development

Social-Emotional

1. Regulates own emotions & behaviors
 - 1a. Manages feelings
 - 1b. Follows limits & expectations
 - 1c. Takes care of own needs appropriately
2. Establishes & sustains positive relationships
 - 2a. Forms relationships with adults
 - 2b. Responds to emotional cues
 - 2c. Interacts with peers
 - 2d. Makes friends
3. Participates cooperatively & constructively in group situations
 - 3a. Balances needs & rights of self & others
 - 3b. Solves social problems

Physical

4. Demonstrates traveling skills
5. Demonstrates balancing skills

Physical (continued)

6. Demonstrates gross-motor manipulative skills
7. Demonstrates fine-motor strength & coordination
 - 7a. Uses fingers & hands
 - 7b. Uses writing & drawing tools

Language

8. Listens to & understands increasingly complex language
 - 8a. Comprehends language
 - 8b. Follows directions
9. Uses language to express thoughts & needs
 - 9a. Uses an expanding expressive vocabulary
 - 9b. Speaks clearly
 - 9c. Uses conventional grammar
 - 9d. Tells about another time or place



Teaching Objectives (continued)

Language (continued)

- 10. Uses appropriate conversational & other communication skills
- 10a. Engages in conversations
- 10b. Uses social rules of language

Cognitive

- 11. Demonstrates positive approaches to learning
- 11a. Attends & engages
- 11b. Persists
- 11c. Solves Problems
- 11d. Shows curiosity & motivation
- 11e. Shows flexibility & inventiveness in thinking
- 12. Remembers & connects experiences
- 12a. Recognizes & recalls
- 12b. Makes connections
- 13. Uses classification skills
- 14. Uses symbols & images to represent something not present
- 14a. Thinks symbolically
- 14b. Engages in sociodramatic play

Literacy

- 15. Demonstrates phonological awareness
- 15a. Notices & discriminates rhyme
- 15b. Notices & discriminates alliteration
- 15c. Notices & discriminates smaller & smaller units of sound
- 15d. Applies phonics concepts & knowledge of word structure to decode text
- 16. Demonstrates knowledge of the alphabet
- 16a. Identifies & names letters
- 16b. Uses letter-sound knowledge
- 17. Demonstrates knowledge of print & its uses
- 17a. Uses & appreciates books
- 17b. Uses print concepts
- 18. Comprehends & responds to books & other texts
- 18a. Interacts during read-alouds & book conversations
- 18b. Uses emergent reading skills

Literacy (continued)

- 18c. Retells stories
- 18d. Uses context clues to read & comprehend texts
- 18e. Reads fluently
- 19. Demonstrates emergent writing skills
- 19a. Writes name
- 19b. Writes to convey ideas & information
- 19c. Writes using conventions

Mathematics

- 20. Uses number concepts & operations
- 20a. Counts
- 20b. Quantifies
- 20c. Connects numerals with their quantities
- 20d. Understands & uses place value & base ten
- 20e. Applies properties of mathematical operations & relationships
- 20f. Applies number combinations & mental number strategies in mathematical operations
- 21. Explores & describes spatial relationships
- 21a. Understands spatial relationships
- 21b. Understands shapes
- 22. Compares & measures
- 22a. Measures objects
- 22b. Measures time & money
- 22c. Represents & analyzes data
- 23. Demonstrates knowledge of patterns

Science & Technology

- 24. Uses scientific inquiry skills
- 25. Demonstrates knowledge of the characteristics of living things
- 26. Demonstrates knowledge of the physical properties of objects & materials
- 27. Demonstrates knowledge of Earth's environment
- 28. Uses tools & other technology to perform tasks



Center-Based Daily Activities

- Free Choice Time
- Toileting
- Nutritious Meals & Snacks
- Teeth Brushing
- Quiet Time
- Small Group Learning Activities
- Large Group Learning Activities
- Outdoor Play

Through the above daily activities, the Head Start Program provides opportunities for children to develop skills in the following areas:

- Social - Emotional
- Problem Solving
- Exploring
- Decision Making
- Language
- Small and Large Muscle
- Health and Safety
- Learning Concepts
- Listening
- Developing a Good Self-Concept
- Letter and Number Recognition
- Nutrition



School Readiness Goals Birth-36 Months

School Readiness goals have been aligned with the Office of Head Start Early Learning Outcomes Framework, Teaching Strategies Early Childhood Curriculum and Iowa Early Learning Standards.

DOMAIN: Approaches to Learning		
GOAL	INDICATORS	MEASURE(S)
All children ages birth-36 months will show progress in the areas of purposefully and persistently initiate in experiences and play with creativity, independence and positive behavior by the end of the school year	<ul style="list-style-type: none"> • Communicates verbally or non-verbal about basic needs. • Continues efforts to finish a challenging activity or task with support of an adult. • Shows eagerness to try new things. 	TSG: 11a, 11b, 11d Iowa Early Learning Standards: 1.1 1.2 1.4 3.1 3.2 3.4 ELOF: ATL2. ATL3. ATL4. ATL5. ATL6. ATL7. ATL8 ATL9.
DOMAIN: Social and Emotional Development		
GOAL	INDICATORS	MEASURES
All children ages birth-36 months will show progress in the areas of, engage in positive relationships with adults and peers through interactions and working through resolving conflicts by the end of the school year	<ul style="list-style-type: none"> • Uses familiar adults for reassurance when engaging with new adults. • Engages in extended play with other children with a common focus. • Shows preference for playmates, such as greeting friends by name. 	TSG: 2a, 2b, 2c, 2d, 3a, 3b Iowa Early Learning Standards: 1.1, 1.2, 1.3, 1.4 ELOF: IT-SE2, SE4, SE5
DOMAIN: Language Development and Literacy		
GOAL	INDICATORS	MEASURE(S)
All children ages birth-36 will show progress in the areas of, comprehend and engage in appropriate conversations while demonstrating a knowledge of rhymes, phrases, and stories/songs by the end of the school year	<ul style="list-style-type: none"> • Shows comprehension of simple sentences, such as by listening to and following one-step or two-step directions. • Repeats simple familiar rhymes or sings favorite songs. • Uses simple sentences, such as 3-4 word sentences, to communicate needs/wants. 	TSG: 8a, 9a, 10a, 15a, 16a, 17a Iowa Early Learning Standards: 6.1, 6.2 ELOF: IT-LC1, LC2, LC3, LC4, LC5, LC6, LC7, LC8, LC9, LC10, LC11, LC12, LC13



School Readiness Goals Birth-36 Months(continued)

DOMAIN: Cognition		
GOAL	INDICATORS	MEASURE(S)
All children ages birth-36 will show progress in the areas of; uses matching and sorting of objects or people to understand similar and different characteristics by the end of the school year	<ul style="list-style-type: none"> Comments about similarities or differences between new people, objects, or events, and ones that are more familiar. Sorts toys or other objects by color, shape or size. 	TSG: 13,25,26 Iowa Early Learning Standards: 4.3,7.1 ELOF: IT-C3, C10
DOMAIN: Perceptual, Motor, And Physical Development		
GOAL	INDICATORS	MEASURE(S)
All children ages birth -3, will show progress in the areas of; demonstrate strength and coordination including gross and fine motor skills by the end of the school year	<ul style="list-style-type: none"> Uses hands efficiently for a variety of actions or activities, such as building with blocks, wiping up a spill, or feeding self. Adjusts walking or running to the type of surface, such as a rocky, sandy, or slippery surface. Adjusts grasp with ease to new tools and materials. 	TSG: 4, 5, 6, 7a, 7b Iowa Early Learning Standards: 2.2, 2.3 ELOF: IT-PMP2, PMP3, PMP4 PMP5, PMP8



School Readiness Goals 3-5 Years

School Readiness goals have been aligned with the Office of Head Start Early Learning Outcomes Framework, Teaching Strategies Early Childhood Curriculum and Iowa Early Learning Standards.

DOMAIN: Approaches to Learning		
GOAL	INDICATORS	MEASURE(S)
Children ages 3-5 will show progress in the areas of; purposefully and persistently initiate in experiences and play with creativity, independence and positive behavior by the end of the school year	<ul style="list-style-type: none"> Expresses emotions in ways that are appropriate to the situation Plans play scenarios, such as dramatic play or construction, by establishing roles for play, using appropriate materials, and generating appropriate scenarios to be enacted Approaches tasks, activities, and play in ways that show creative problem solving 	TSG: 11a, 11b, 11d Iowa Early Learning Standards: 3.1, 3.2, 3.4 ELOF: ATL1-7, ATL10, ATL12, ATL13
DOMAIN: Social and Emotional Development		
GOAL	INDICATORS	MEASURES
Children ages 3-5 will show progress in the areas of; engage in positive relationships with adults and peers through interactions and working through resolving conflicts by the end of the school year	<ul style="list-style-type: none"> Engages in prosocial behaviors with adults, such as using respectful language or greetings Takes turns in conversations and interactions with other children Uses basic strategies for dealing with common conflicts, such as sharing, taking turns, and compromising 	TSG: 2a, 2b, 2c, 2d, 3a, 3b Iowa Early Learning Standards: 1.2, 1.3, 1.4 ELOF: P-SE1, P-SE2, P-SE3, P-SE4, P-SE5
DOMAIN: Language Development and Literacy		
GOAL	INDICATORS	MEASURE(S)
Children ages 3-5 will show progress in the areas of; comprehend and engage in appropriate conversations while demonstrating a knowledge of alphabet/phonics and print concepts by the end of the school year	<ul style="list-style-type: none"> Shows comprehension of simple sentences, such as by listening to and following one-step or two-step directions. Repeats simple familiar rhymes or sings favorite songs. Uses simple sentences, such as 3-4 word sentences, to communicate needs/wants. 	TSG: 8a, 9a, 10a, 15a, 16a, 17a Iowa Early Learning Standards: 6.1, 6.2 ELOF: IT-LC1, LC2, LC3, LC4, LC5, LC6, LC7, LC8, LC9, LC10, LC11, LC12, LC13
DOMAIN: Cognition		
GOAL	INDICATORS	MEASURE(S)
Children ages 3-5 will show progress in the areas of; connecting experiences through recognition, classification, and investigation by the end of the school year	<ul style="list-style-type: none"> Instantly recognizes, without counting, small quantities of up to 5 objects and says or signs the number Makes predictions and brainstorms solutions based on background knowledge and experiences Categorizes by sorting into groups based on attributes such as appearance, weight, function, ability, texture, odor, and sound 	TSG: 12a, 12b, 13, 20c, 21a, 22a, 23 Iowa Early Learning Standards: 7.1, 7.2, 7.3, 7.4, 8.1, 8.2, 8.3 ELOF: P-Math 2, SCI1, SCI3, SCI4, SCI5



School Readiness Goals 3-5 Years (continued)

DOMAIN: Perceptual, Motor, And Physical Development		
GOAL	INDICATORS	MEASURE(S)
Children ages 3-5 will show progress in the areas of; demonstrating strength and coordination including gross and fine motor skills by the end of the school year	<ul style="list-style-type: none"> Performs activities that combine and coordinate large muscle movements, including swinging on a swing, climbing a ladder, or dancing to music When asked, can move own body in front of, to the side, or behind something or someone else, such as getting in line with other children Easily coordinates hand and eye movements to carry out tasks, such as working on puzzles or stringing beads together 	TSG: 4, 5, 6, 7a, 7b Iowa Early Learning Standards: 2.1, 2.2, 2.3 ELOF: PMP1, PMP2, PMP3



Socialization Agenda for EHS Home-Based

GREETING: Each family will be greeted by their first name as they arrive. The parent(s) will be asked about the individualized activities they want their child to participate in. prior to the socialization. This information will be documented on the Individualized Form.

WELCOME: Everyone present will be welcomed to the socialization and thanked for coming. The rules of the center will be discussed. A book will be read to everyone present.

DISCUSSION/ EXPLANATION OF DEVELOPMENTALLY APPROPRIATE EXERCISE: (By using Planning and Activity Form). The person in charge of the socialization will discuss/explain with the parent(s), the activity and how it relates to health, mental health, dental, and/or nutrition and why it is appropriate for their child's development.

DEVELOPMENTALLY APPROPRIATE EXERCISE: All items needed for the activity will be set up and ready for the families to take part in.

UNSTRUCTURED PLAY TIME: This might be free play inside at a minimum of three centers or free play outside in the playground area.

BOOK: A second book will be read. We will encourage a parent to read the book.

THANK YOU FOR COMING: All families present will be thanked for attending. They will also be reminded of the next socialization date.

CLEAN- UP: All families present will be asked to help clean up from the activity.



Behavior Plan/Procedure

The policy of SCICAP Head Start/Early Head Start Program is to use the Conscious Discipline combined with Program Wide-Positive Behavior and Intervention Supports (PBIS) Model. PBIS is an approach for addressing challenging behavior, offering methods that identify circumstances and interactions that trigger problem behavior.



Behavior Plan/Procedure (continued)

When a teacher feels that a child needs more support regarding challenging behavior,

she/he will:

- Examine the classroom environment, scheduling, and room arrangement
- Examine the grouping of the children
- Collect data using BIR's and ABC forms
- Teachers will have a conversation with family to see if they are seeing any changes in child's behavior at home and to talk about any changes that have happened that may be the cause of the behavior
- Review the curriculum for meeting the child's individual needs
- Lesson plans will reflect child's individual needs
- Reward appropriate behavior with verbal praise/visual cues
- Use active listening to identify and validate child's feelings
- Teachers role model behavior for children to learn new behavior skills
- Provide eye contact on a child's level
- Offer the child two positive choices, such as: "Do you want to play with blocks or look at a book?"
- Start the process of the PBIS Flow Chart (see attached)
- Contact parents to share positive ideas to help their child be successful and get parental input
- Consult with PBIS team, Mental Health Specialist and Mental Health Consultant as needed

If the child's behavior becomes a threat to themselves or others at the center, and the teacher has tried all strategies presented to them and is following the written plan for that child and the child is unable to control their behavior:

- The teacher will contact the Program Director before contacting parents.
- The teacher will contact parents to come and pick the child up-this is only after teachers have worked on implementing the plan that was presented to them by the PBIS team
 - And with permission from the HS/EHS Director
- Teacher will document all strategies tried and why the child was sent home in detail in Child Plus

Refer to Early Childhood 3-5 Classrooms Supporting Social Emotional Development Policy/Procedure, PBIS Flow Chart and Child Guidance and Behavior management Policy



Behavior Plan/Procedure (continued)

The program must prohibit or severely limit use of suspension due to child's behavior. Before program determines temporary suspension, they must engage with: (Performance Standard 1302.17)

- Mental Health Consultant
- Parents
- Family Resource Specialists
- Community Resources
 - If child is on IEP or IFSP, the program must consult with the agency responsible.

If deemed necessary, the program must help return to full participation appropriately. The program must continue to engage with:

- Mental Health Consultant
- Parents
- Family Resource Specialists
- Community Resources
 - If child is on IEP or IFSP, the program must consult with the agency responsible.

The program must develop a written plan, provide home visits and determine whether a referral for implementing IDEA is appropriate. All of these steps must be documented.

If the serious safety threat continues, and the program determines this program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.



Parent/Teacher Conferences

Whenever you would like to talk with the teacher concerning your child, please call or request a conference. Teachers will have a minimum of two conferences and two home visits during the year. Anytime you wish to talk with the teacher, call and schedule a time to get together.



In-Kind Contributions

Head Start is a federally funded program in which money is awarded through an annual grant process. The Head Start Act requires that 20% of program costs are covered by In-Kind contributions. Donations of material, time or services to our program are considered In-Kind contributions.



In-Kind Contributions (continued)

Below are some donation/volunteer ideas for family and community members to support your child(ren) and the Head Start/Early Head Start program.

- Classroom clothing, toys, supplies, etc. for use in our centers
- Store-bought & packaged food
- Volunteering in the classroom, center or on field trips
- Attending parent, Policy Council or Governing Board meetings

As a parent/guardian, your child(ren)'s teacher will provide you with many activities for you to do at home with your child(ren), which may include:

- **Mystery Box**
Parents assist children by putting one object from home in the box and then write down three clues that describe it. Children share the clues with classmates who then guess what's in the box.
- **Monthly Objectives Calendar**
A recording tool to help keep track of your child(ren)'s goal(s).
- **Bear-y Good Reader Log**
Each time you read a book to your child(ren), record the title and author on the log. Once your log is complete, your child will receive a new book to keep at home.
- **Family Input Sheet**
Your opportunity to share learning activities that you find interesting with your child(ren)'s teacher, so that they can incorporate those activities into their lesson plans.
- **Star of the Week**
One student is selected to be the star and share with the class what makes them shine.
- **Literacy Bag**
A book and corresponding activity are sent home for you and your child(ren) to enjoy.



Meals & Snacks

SCICAP Early Childhood Program provides meals for the children according to CACFP guidelines.

- We do not accept sack lunches from home.
- We eat family style in order to help children learn to use good manners and the proper way to pass food and drinks. Children serve themselves when food is passed around the table.
- We encourage children begin learning to enjoy foods, which may be new or prepared in a different way.
- Meals are balanced according to the "My Plate" model (milk, vegetables, fruits, bread/cereal and meat/protein).
- Food is prepared using less salt, sugars, and fats. We stay away from desserts, cookies, etc.
- All menus are sent home prior to serving.



Meals & Snacks (continued)

- When your child has a food allergy the Food Allergy/Exception form will need to be completed by a healthcare provider, ensuring we provide the best food for the child. A contracted dietician can design special menus for food allergies, medical conditions, or religious preferences.
- Foods brought to the center must be pre-packaged or store bought. No foods prepared at home can be served. This is for the safety and well-being of all children.
- If you wish to bring something for your child's special occasion, please discuss this with your child's teacher ahead of time. We encourage healthy food options.
- Food at no time will be treated as a reward or punishment.

NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: 202-690-7442; or

email: program.intake@usda.gov

This institution is an equal opportunity provider.



Center Sanitation/Hand Washing Plan

All staff, volunteers and children will follow this procedure for hand washing at the following times:

- a) Upon arrival.
- b) Moving from one child care group to another
- c) Before and after:
 - Eating, handling food.
 - Giving medication.
 - Playing in water which is being used by more than one person.
 - Before and after eating meals or snacks.
 - Before and after using disposable gloves
- d) After
 - Diapering.
 - Using the toilet or helping a child to use the toilet.
 - Handling bodily fluid (mucus, blood, vomit), sneezing, wiping and blowing noses, touching mouths, sores.
 - Adults will wear disposable gloves when handling bodily fluids (blood, vomit).
 - Handling uncooked food, especially raw meat or poultry.
 - Handling pets or other animals.
 - Playing in sandboxes
 - Cleaning or handling garbage.
 - After inspecting for head lice.

Clear, simple hand washing procedures will be posted in all center restrooms. Adults will model correct hand washing and will do periodic monitoring of children's hand washing. Adults will assist children with hand washing when necessary.

- Wet hands with warm water.
- Cover the hands with germicidal liquid soap.
- Rub hands together using a rotary-friction motion for 20-25 seconds. Be sure to rub between the fingers and under fingernails, and under and around jewelry.
- Rinse hands well under running water, holding them there so that the water flows from the wrist down the fingers.
- Dry hands with paper towels.
- Turn facet off with a paper towel, if possible.
- When leaving the rest room, open the door with a paper towel.

In addition to keeping your hands clean, you need to be sure your fingernails are kept short and clean at all times. Long dirty fingernails can be a nesting place for bacteria.



Center Sanitation/Hand Washing Plan (continued)

Food Handlers: Jewelry, especially rings with grooves, stones, etc. can be a lodging place for bacteria and should not be worn if hands are used in making direct contact with food. Plastic gloves are useful when there is a need to handle individual portions of food on a serving line, when food must be mixed, or when the worker has a cut or burn on the hand. The important thing to remember about the use of plastic gloves is that they can also become contaminated. If by chance, the gloves touch something that would contaminate them, they should be replaced with clean gloves.

Sinks

Staff does not use hand-washing sinks for bathing children or for removing smeared fecal material.

Sinks will not be used for both food preparation and other purposes. If something unusual occurs and the sink is used for something other than food preparation, it must be cleaned and sanitized before use again.

Early Head Start Home Base

Home workers teach and model appropriate hand washing practices to control spreading diseases.

Communal Water Play Precautions

- Children will be monitored so that they do not drink the water.
- Children with sores on their hands cannot participate in communal water play.
- Water is drained at the end of the day, and fresh water is used to fill the water at the beginning of each day.
- Fresh water is used, and the water is changed before a new group of children (new group of children means children from another classroom) participate in the water play activity.
- Children wash their hands after playing at the water activity.



Inclement Weather Policy

The Policy concerning inclement weather will be as follows:

1. If the public school system closes because of bad weather, there will be no Early Childhood classes. Wrap around services will continue as scheduled unless the State of Iowa Highway patrol places “no travel advisory” into effect.
2. If the public school starts one hour later due to bad weather, the Early Childhood morning program will begin one hour late. Wrap around services will continue as scheduled.



Inclement Weather Policy (continued)

3. If the public school starts two hours late due to bad weather, there will be no morning Early Childhood classes. Afternoon classes are not affected by late starts.
4. If the public school dismisses early due to bad weather, afternoon classes will be cancelled. If afternoon sessions have started and the public school dismisses early, the center will dismiss the same time as the public school.
5. Full-day program schedules for bad weather delays:
 - if the local public school system delays for one hour, the full day program will delay for one hour
 - if the local public school system delays for two hours, the full day program will delay two hours
6. If the public school dismisses early because of bad weather the Early Childhood Center will dismiss at the same time as the public school in their community. Wrap around services will be available unless staff are unable to provide services, in which case, parents will be notified.
7. The Early Childhood Program encourages all enrolled children to go outside each day when weather permits or the temperature and/or wind chill equals 0 or above. SCICAP Early Childhood Program's philosophy is that all children and adults need some fresh air each day.
8. All children should come to the Early Childhood Program dressed appropriately for outside play each day. If children are not dressed appropriately, staff should have some extra appropriate clothing available for children to use.
9. There may be times throughout the school year there may be an isolated weather situation that will need to be dealt with, the following will be put in place to keep the children, staff and volunteers as safe as possible:
 - Teacher director at the site will contact the program director and program emergency preparedness staff person
 - The decision of process will be determined and followed through.



Wind Chill Procedure

SCICAP Early Childhood program's daily lesson plans designate outside play for each child. There are a few exceptions when outdoor activities should be planned for indoors. Parent excuse, rain, snow, and storms are considered exceptions. Winter temperatures and wind chill should also be considered. We must pay careful attention to avoid frostbite in cold and windy weather.

To ensure safety of all children, the following wind chill chart shall be used to determine outside recess.

		WIND SPEED IN MILES PER HOUR								
		0	5	10	15	20	25	30	35	40
ACTUAL AIR TEMPERATURE (F)	40	40	37	28	22	18	16	13	11	10
	30	30	27	16	9	4	0	-2	-4	-6
	20	20	16	4	-5	-10	-15	-18	-20	-21
	10	10	6	-9	-18	-25	-29	-33	-35	-37
	0	0	-5	-21	-36	-39	-44	-48	-49	-53
	-10	-10	-15	-33	-45	-53	-59	-63	-67	-69
	-20	-20	-26	-46	-58	-67	-74	-79	-82	-85
	-30	-30	-36	-58	-72	-82	-88	-94	-98	-100
	-40	-40	-47	-70	-85	-96	-104	-109	-113	-116

20-degree actual temperature with any wind provides little danger or 0-degree temperature with little wind are still relatively safe for outside play for a limited amount of time.

If your child has a health concern and you feel he/she needs to stay inside, please discuss this with your child's teacher ahead of time. You will also need a doctor's note if it is for more than 1 day.



Clothing

During the winter months, coats, hats, mittens, and boots are needed. When the children are in the room, they need to have shoes on for the Head Start age children. Early Head Start sites will follow age appropriate guidance. Please send your child to school in play clothes (nothing too good) as we paint and do several messy activities.

Please encourage your child to dress themselves as we encourage them at school. This allows your child to increase their restroom self-help skills. As your child dresses, please keep in mind what they are wearing. Children have a hard time with clothing that zips/buttons up the back, body suits, or one-piece outfits.



Injuries

If your child is injured at school, either the teacher or another staff member will treat the injury according to its severity. The parents will be notified either by telephone or an incident/accident report sent home with your child.

If your child is seriously injured and needs to go to the hospital, the community emergency personnel will be contacted immediately. A SCICAP Early Childhood staff member will stay with your child until the parents/guardians arrive at the hospital. At no time can staff transport your child to the hospital or health care provider.



Medication Procedure

To ensure a safe and healthy environment the following policy shall be followed by SCICAP Early Childhood Program.

When medication has been dispensed, staff shall monitor the child's behavior and/or health status on the Parent Communication Log. Parent/s shall be notified of any changes with the child.

OVER THE COUNTER MEDICATIONS will be given only with written directions from the child's healthcare provider, pharmacist, and/or parent. The written directions must state the child's name, date, medication, dosage, frequency of doses and when to administer doses. Medications must be in the original container. Written permission must be obtained from parents for SCICAP Early Childhood staff to administer this medication at school. **NO COUGH DROPS MAY BE GIVEN AT SCHOOL.**



Medication Procedure (continued)

PRESCRIBED MEDICATIONS may be given if necessary. The medication shall be in its original bottle labeled with the name of the child, healthcare provider, name of medicine, dosage, duration and frequency of doses. Written permission from parents must be obtained for SCICAP Early Childhood Program staff to administer medication at school.

NO FIRST DOSES CAN BE GIVEN AT SCHOOL – Unless it is considered an emergency medication and has been specifically ordered as such by the healthcare provider.

- a. Medications will be given by the child's teacher. In the teacher's absence, the assistant shall give the medication. Only staff that has completed the medication administration module in the Essentials training or the full Medication Administration training will be allowed to administer medications.
- b. All medications shall be stored in a labeled, zip-lock bag for each child's medication in a locked container and stored in a safe area, away from the children unless it is an emergency medication specifically referenced in a child's written emergency plan. Emergency medication must be "where child is" is all times and immediately accessible to adults and not locked in storage but still kept out of reach of children
- c. The medication shall be in its original bottle that contains the name of the child, name of the doctor, name of the drug, amount of dosage, frequency of the doses, expiration date and relevant warnings and instructions for administration, storage and disposal.
- d. All medications, dosage & time given, and staff initials shall be documented on the Medication Administration Record. Parents are to sign and review the medication authorization sheet on a monthly basis; giving staff permission to continue giving medication.
- e. Any omitted doses will be noted on Medication Administration Record. The reason dose was not given and that parents were notified will be documented on Medication Parent Communication Log
- f. Teacher-directors or teachers are to record any unusual effects of the medication on the medication parent communication log. No further doses will be given and parent(s) will be notified immediately.
- g. All medications, refrigerated and on-refrigerated, should have a child-resistant cap and be stored away from food.
- h. Disposable gloves will be worn while handling and administering all medications.
- i. When receiving, returning and disposing of medication to and from parent(s) this will be documented on the Medication Receive/Return/Disposal Log.



Medication Procedure (continued)

- j. If medications are not able to be returned to parent then medication will be emptied from bottle in to an undesirable substance such as coffee grounds and placed in a sealable bag. Then it will be thrown in an outside covered trash can that is not accessible to children. Do not flush medication in drain or toilet.

SPECIFIC EQUIPMENT FOR MEDICATION USE/DOSAGE: When a child needs specific equipment to administer medication, a team training will be completed prior to the child's entry into class. The training shall consist of proper techniques for use of special equipment to administer medication. The team will consist of all center staff, Public Health, Early Childhood Specialist health specialist and parent/s. Any other agency personnel who will work with the child may also be included.

Health specific personnel shall visit each classroom every month during the school year to ensure and document medication procedures are effective. Medication storage/procedure is recorded monthly on the safety checklist completed by the Health specific individual.

Transportation: No medication of any kind shall be transported on Early Head Start or Head Start contracted trolley service. This would include any medication transported to or from the child's home for all enrolled SCICAP Early Childhood children. Exceptions could be made with written permission from the parent and with approval of the Program Director as medically needed.



Health Screenings

Each child will have speech, hearing, vision, nutrition, mental health/behavior, and developmental screenings done several times during the program year. A developmental screening will be done at least three times a year, with the 1st screening being done first 45 days. Early Head Start completes a 2nd screening by the end of January and 3rd by the end of April, with a final one done by the end of July. Head Start completes the 2rd screening by the end of February and the 3rd by the end of April.



Health Screenings (continued)

Heights & weights will be recorded twice during the year for center-based children. Center-based children must have a current physical exam turned in which should include a hemoglobin, blood pressure and current lead testing along with an up-to-date immunization record. When your child has an immunization during the school year, please notify your child's teacher. A dental exam should be completed prior to the first day of school or within 90 calendar days. Any follow-up work should be finished as soon as possible. Please communicate this information to your child's teacher.

If any problems are detected during these screenings, there are many resources that Head Start/Early Head Start may utilize for families. Area Education Agency (AEA) & Early Access (EA) have many services available at no charge to the family. A mental health consultant is available to talk with parents if they have questions or problems they wish to discuss.



Medical, Dental & Mental Emergency Policy

In situations where children or adults require medical or dental care, hospitalization or emergency treatment staff members will be prepared to act quickly to ensure the health and well-being of victim. All staff members are required to maintain current first aid and pediatric CPR certification.

In the event of any health emergency teachers will notify the Program Director and the Health Specialist as soon as possible. Immediately following the emergency situation fill out the injury/accident report.

NEVER leave a seriously ill or injured child or staff person alone. Remain calm and reassure the victim. Stay at the scene and give immediate First Aid as necessary. Send someone to bring another adult to the scene. Do not move a severely injured or ill person except to save a life.

Seek medical assistance from:

- Emergency Medical Services Dial 9-1-1
- Preferred medical or dental provider listed on the *Child Release & Emergency* form.
- Poison Control Center - 1-800-222-1222
- Give all important information slowly and clearly:
 - Your name
 - Your address
 - The child's/victim's age
 - The nature of the problem



Medical, Dental & Mental Emergency Policy (cont.)

To make sure you have given all the necessary information, wait for the other party to hang up first.

Arrange for transportation of the ill or injured person by ambulance, parent, or other such vehicle. Send the *Child Release & Emergency Contact* form with the child. At no time is staff to transport a child.

Emergency Ambulance Transportation (911) is needed for:

- Respiratory distress - difficulty or lack of breathing
- Choking
- Bleeding - severe
- Burns - serious, or covering a large part of the body
- Heart concerns - deterioration of blood circulation
- Shock - including allergic reaction to insect bites or food
- Poisoning
- Head, neck, or back injury - also injury to large bones (arms, legs)
- Loss of consciousness
- Seizures - complicated by lack of breathing, or lasting for more than 5 minutes. If a child has a known seizure disorder, refer to his/her Emergency Protocol (*Seizure Health Care Plan*).
- Motor vehicle accidents
- Drowning
- Smoke inhalation
- Any other situation that is life threatening

Contact parent/guardian as listed on child's emergency form. For staff, contact the Administrative Office; administrative staff will make notification of emergency contact.

Be sure that a responsible adult from the center stays with the child until a parent takes over. This will require accompanying the child in the ambulance if necessary. Make sure the class ratio is maintained.



Medical, Dental & Mental Emergency Policy (cont.)

Dental Emergency Procedures:

Type of Injury	First Aid
Toothache	Rinse the mouth vigorously with warm water to clean out any debris. If swelling is present, place towel wrapped cold compress to the outside of the cheek. Do not use heat. Call the parent to take the child to the dentist.
Object Wedged	Floss can be used to try to remove the object unless it has a sharp or pointed edge. Call the parent to have child taken to dentist if floss does not work.
Knocked-Out Tooth	Place tooth in clear tap water or wrap in a clean wet cloth. Do not clean the tooth. Rinse gently with cool water. Call the parent to take the child to the dentist immediately.
Broken Tooth	Try to clean dirt or debris from injured tooth with warm water. Place towel wrapped cold compress on face next to the injured tooth to minimize swelling. Call parent to transport child to the dentist immediately.
Bitten Tongue or Lip	Using protective gloves, apply direct pressure to the bleeding area with sterile gauze. If lip is swollen apply cold compress. If bleeding doesn't stop readily or if bite is severe, call 911 to transport child to hospital emergency room immediately.
Fractured Jaw	If fracture is suspected apply a cold compress and call 911 to transport the child to the hospital emergency room immediately. Suspect neck or spinal injury.

Mental Health Emergency:

A mental health emergency is a life threatening situation in which an individual is imminently threatening harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.



Medical, Dental & Mental Emergency Policy (cont.)

Examples of a Mental Health Emergency include:

- Acting on a suicidal threat
- Homicidal or threatening behavior
- Self-injury needing immediate medical attention
- Severely impaired by drugs or alcohol
- Highly erratic or unusual behavior that indicates very unpredictable behavior and/or an inability to care for themselves.

Plan of action:

- Call 911 immediately
- Children, Staff and Volunteers should be moved to another room or outside away from the situation
- Staff shall have emergency information and first aid kit with them
- Safety of the children is always the priority
- Notify Program Director
- Fill out Adult Incident/Accident Form and give to Program Director



Illness Procedure

If your child has been ill the night before, please keep them home from school.

Children cannot attend school with contagious diseases such as chicken pox, impetigo, scabies, diarrhea, strep throat, fever, influenza, whooping cough, etc. If your child is not feeling well at home, they will not be able to enjoy their day at school.

If your child is absent from school/socialization, we need to know the reason why. It is your responsibility to notify the school by note or telephone.

If an exposure to a communicable disease occurs at school, a notice will be posted in the building and one sent home with each child.



Infectious Diseases Policy

SCICAP Early Childhood Program follows the National Health & Safety Performance Standards and Iowa Department of Public Health's recommendations for infectious diseases. Health procedures for infectious diseases are listed below. Best practice suggestions for the most common childhood illnesses are outlined below. We encourage parents to review and follow these suggestions to ensure a safe and healthy classroom. Notification of disease outbreaks will be posted in each center and notes will be sent home to each family with appropriate information regarding the disease. If there are any questions concerning health issues during the school year, please contact your child's Early Childhood Teacher.

BEST PRACTICE SUGGESTIONS:

CHICKEN POX: Symptoms include: fever, headache, sore throat, & red raised spots that become blisters filled with clear fluid. Child may return to class 7 days from onset of pox or when all blisters appear dry.

COLDS: Symptoms include: cough and/or runny nose without fever. Child should not be excluded from class unless symptoms worsen or child is unable to comfortably participate in class activities. Each case shall be treated on an individual basis.

COVID-19: Symptoms include fever, chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion/runny nose, nausea or vomiting and diarrhea. Child must be excluded and may return 10 days after symptoms start and 24 hours with no fever and improved symptoms OR 10 days after positive test (if no symptoms).

DIARRHEA: Symptoms include: loose, frequent stools, 2 or more loose stools in 24 hours or blood in stool. Child may return to class once he/she has gone 24 hours without loose stools OR with written permission from his/her healthcare provider (such as child on medication).

FEVER : Temporary exclusion is recommended when fever is above 101 degrees F. orally or 100 degrees F. axillary (under the arm) **and** behavior change or other signs and symptoms such as sore throat, rash, diarrhea, etc. (Fever alone with no other symptoms does not require exclusion.) An unexplained temperature above 100 degrees F. axillary (under the arm) should be medically evaluated. Any infant younger than two months of age with any fever should get urgent medical attention within an hour. Child may return to when he/she had been fever free for 24 hours. Each case shall be treated on a case by case basis.

5th DISEASE: Symptoms include: sudden appearance of bright red cheeks (appears as if child has been slapped). When rash appears, the child is no longer contagious and, no exclusion from school is necessary.



Infectious Diseases Policy (continued)

HEAD LICE: Symptoms include: intense itching/irritation of the scalp, eggs or insects in the hair, and/or rash at the nape of the neck. Child may stay in class for the day and parents will be notified that treatment is necessary. Child should not return to class until he/she has been treated. (It is recommended that hair be treated with medicated shampoo or lotion as directed on the box, followed by the use of a nit comb to remove the eggs. Treatment should be repeated in 7 days to ensure any remaining lice & eggs are eliminated. We do not encourage pesticide use.)

IMPETIGO: Symptoms include: blistering, pus-like sores. Child may return to class once treatment has begun, 24 hours on an antibiotic, blisters are covered and has written permission from a healthcare provider.

INFLUENZA: Symptoms include Fever or feeling feverish/chills, Cough, Sore throat, Runny or stuffy nose, Muscle or body aches, Headaches, Fatigue (tiredness), Some people may have vomiting and diarrhea, though this is more common in children than adults. Child may return to class when child is free of fever for 24 hours and with written permission from a healthcare provider.

PERTUSSIS (Whooping Cough): Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. After fits of many coughs, someone with pertussis often needs to take deep breaths which result in a "whooping" sound. Pertussis can affect people of all ages, but can be very serious, even deadly, for babies less than a year old. Child may return to class after five days of antibiotics and with written permission from healthcare provider.

CONJUNCTIVITIS (Pink Eye): Symptoms include: pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep, tearing, discharge, itching, and pain. Parents/guardians will be notified if suspected. Parents/guardians should discuss care of this condition with their child's primary care provider, and follow the primary care provider's advice. Exclusion from class only if care provider recommends.

RINGWORM: Symptoms include: red, itchy ring-like rash. Child may stay in class for the day and parents will be notified that treatment is necessary. Child may return to class once treatment has begun. Cover lesion (s) if possible. Do not share clothing, bedding or personal items.

RUBELLA: (German Measles) Symptoms are usually mild. Enlarged glands in neck and behind ears. Brief red rash. Exclusion from class 7 days from onset of rash. Keep away from pregnant women.



Infectious Diseases Policy (continued)

SCABIES: Symptoms include: rash with itching and/or burning of the skin. Child may return to class after treatment has begun with written permission from a healthcare provider.

HAND-FOOT-AND-MOUTH: Symptoms include, ulcers, or sores inside or around the mouth, and rash/blisters on the hands, feet, legs, or buttocks; fever, sore throat. Child may return to class when he/she is fever free and symptom-free.

STREP THROAT: Symptoms include: sore throat that comes on rapidly, difficulty swallowing, fever, rash. Child may return to class 24 hours after treatment has begun with written permission from his/her healthcare provider.

THRUSH: Symptoms include: white spots or patches in the mouth or on the cheeks or gums. Parents/guardians should discuss care of this condition with their child's primary care provider, and follow the primary care provider's advice. Exclusion from class is not necessary.

VOMITING: Child may return to class once he/she has gone 24 hours without vomiting. Each case shall be treated on an individual basis.

MRSA: Symptoms include: boil/abscess which is red, swollen, painful, and pus filled. The area should be covered and assessed by a healthcare provider. Child may return to class once treatment has begun with written permission from his/her healthcare provider. Do not share towels or clothing. Use good hand hygiene.

Illnesses not listed in the best practice suggestions will be addressed on an individual basis. Center staff will be in contact with the Health Specialist if there are specific questions/concerns. Exclusion of children who are ill will be determined by the following criteria:

Illness prevents the child from participating comfortably in activities;

Illness results in a need for care that is greater that the staff can provide without compromising the health and safety of other children;

Illness poses a risk of spread of harmful diseases to others

Illness can effect a change in behavior: lethargy, lack of responsiveness, irritability, persistent crying, difficult breathing or quickly spreading rash.



Infectious Diseases Policy (continued)

MEDICATION: A prescribed medication may be given if necessary. The medication shall be in its original bottle labeled with the name of the child, healthcare provider, medicine, dosage, duration and frequency of doses. Written permission from parents must be obtained for Head Start staff to administer medication at school. **NO FIRST DOSES CAN BE GIVEN AT SCHOOL.** Medication will be kept in a secure location when not in use.

OVER THE COUNTER MEDICATION: Over the counter medication may be given with written permission and directions from the child's parents. The written directions must contain the child's name, date, medication, dosage, frequency of doses and when to administer doses. Medications must be in the original container. Medication will be kept in a secure location when not in use. **NO COUGH DROPS MAY BE GIVEN AT SCHOOL.**

All medication dispensed will be documented by appropriate staff. Parents/staff will update and review medication on a monthly basis.



Tobacco-Free Environment

The SCICAP Early Childhood Program has a mission to promote a safe and healthy environment for the children and families we serve. Because there has been considerable evidence that tobacco use is harmful to children and adults, the SCICAP Early Childhood Program has created a tobacco-free policy (the term *tobacco free* will include the use of electronic cigarettes, vapor related products and/or devices).

The SCICAP Early Childhood Program must prohibit any tobacco use at all times during the program hours. This includes any scheduled am/pm breaks and lunch.

No tobacco use is permitted during any SCICAP Early Childhood sponsored activity, including but not limited to; family activities, home visits, and training.

Facilities will be monitored to ensure a tobacco free environment. Tobacco use on the premises or during program hours will be against regulations and is just cause for dismissal.

A tobacco free environment has been increasingly recognized as a safe and healthy requirement for SCICAP Early Childhood Programs.



Child Abuse/Neglect

We are mandatory child abuse reporters. If we don't report suspected abuse, we face a fine and/or imprisonment. If you are concerned about your possible situation and are looking for help with your child before abuse/neglect occurs, please feel free to discuss this with us. There are resources available for assisting you and your family.

24 HOUR NUMBERS

To talk to a stress counselor,
Call: Iowa Concern
1-800-447-1985

To report child abuse,
Call: Child Abuse Hotline
1-800-362-2178



Access and Visitation/Supervision

The Department of Human Services has mandated that a policy and procedure for staff regarding access and visitation for parents, guardians and the general public be established.

“Head Start encourages parents/guardians to be involved in classroom and center activities. We encourage your active participation with your child. We want to assure the safety of your child. One way to assure safety is to limit the people who have access to your child.

Persons who exhibit inappropriate behavior will be asked to leave or be denied entrance to the center/school.

Staff members are responsible for supervising parent/guardian and other volunteers.

Again, we encourage your participation but want to assure the safety of all of the children in our care.”

The parent handbook is provided to each parent or guardian.

Criteria for who may have access to children:

Anyone entering one of our locations should check in with the adults in attendance as soon as possible. Only authorized personnel or guardians may have access to their children.

It is mandatory of the staff to monitor and supervise all visitors to the center. Monitoring means: Know who is present, where they are and what they are doing.

Supervising means: assuring the persons are conducting themselves in ways that meet agency standard of conduct and do not interfere with any child other than their own in the case of a parent or guardian.

Regardless of your relationship to any visitor every staff member is responsible for the safety of the children. If you cannot perform this duty due to a conflict of interest, you will be removed from this specific site.



Access and Visitation/Supervision (continued)

All staff members are responsible for the safety and well-being of the children in our care.

- All visitors to the centers/classrooms must check in with the Teacher/Director, Lead Teacher, or other personnel before entering a classroom. If a person enters your classroom and you do not know who it is, ask for identification.
- All visitors must sign in and out on the Visitor Log In form documenting what time they arrive and depart.
- Ask parents/guardians to bring picture ID with them to the center and check it when releasing a child to them. Once you have established identification you do not need to see the ID again.

Regular Volunteers: Under Iowa Legislature law, all regular volunteers must complete a criminal record check and be subjected to finger printing before they can regularly volunteer in the classroom.

- Parents are not subjected to this requirement as long as their participation is only with their child. **As classroom and center staff we must watch to assure parents and guardians are interacting with their children only.**
- Persons who exhibit inappropriate behavior will be denied entrance to the center or asked to leave if they are present. Please contact your Program Director or other management specialist if this is a problem as soon as you are able, or have someone else call.
- If a parent or visitor appears under the influence, call the Program Director immediately or other management specialist then call the Police.
- **This is the responsibility of all staff members. Your first priority is to keep the children safe.**

Follow the established procedures for the Safety/Emergency Plan.

Access denial of those on Sex Offender Registry

A sex offender who has been convicted of a sex offense against a minor who is required to register with the Iowa Sex Offender Registry (from Iowa Code 692A).

- Shall not be on the property of the EHS/HS Center/classrooms without written permission of the Center Director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center/school.



Access and Visitation/Supervision (continued)

- *In the event of Parent/Teacher Conferences-They will be held with the offender only if they are the parent or legal guardian of the infant/child enrolled. The Conference will take place when no other children are in attendance or on the property.*
- Shall not operate, manage, be employed by, or act as a contractor or volunteer at an EHS/HS site/classroom.
- The Center Director is OBLIGATED to provide written permission.
- Before giving written permission, the Center Director will consult with the DHS licensing consultant.



Procedure for Releasing Children

Based on the Iowa State Child Care Licensing Standards the following procedure will be used when releasing all SCICAP Head Start/Early Head Start children/infants/toddlers

Children infants and toddlers will only be released to their biological parent(s), legal guardian or a person who is listed on the Pick-Up Permission Form.

The Pick-Up Permission form must include the name, address and phone number of all individuals listed on the form.

In the case of an emergency a parent/legal guardian may contact you by phone and give permission to add a person to the signed Pick-Up Permission form. When adding the name, you must secure as much information at the time as possible and add it to the Pick-Up Permission form. The staff member adding the name will initial and date when the name was added. The next day the parent will provide any missing information (such as address or phone number). The parent/legal guardian will then initial and date the information they added.

Anytime a person you do not know is picking up a child you must ask them for an ID and check to ensure they are listed on the Pick-Up Permission Form

At no time will a child be released to anyone not listed on the Pick-Up Permission Form, even in the case of an emergency.

Children being transported on a bus will only be released to their parent/legal guardian or individuals listed on the Pick-Up Permission form.



Procedure for Releasing Children(continued)

In the case of an emergency the teacher director will notify the bus monitor of the addition to the Pick-Up Permission form. The bus monitor will then release the child to the person designated by the parent/legal guardian. The bus monitor will secure a copy of the updated Pick-Up Permission form once the child's parent/legal guardian has initialed it.

The bus monitor will ask for identification of anyone they do not know and ensure they are listed on the Pick-Up Permission Form before releasing a child.

At no time will a child be released to anyone not listed on the Pick-Up Permission Form, even in the case of emergency. If no one listed on the Pick-Up Permission Form is there to pick up the child they will be returned to the center and the parent/legal guardian will be contacted.



Policy for Transporting Children

Transportation is a service we attempt to provide for families when available in the service area. There will be a waiver in place or a certified Bus Monitor will be provided on each bus trip. Transportation services are a privilege. The following policy has been established for the children who are transported to and from the Center.

POLICY FOR TRANSPORTING CHILDREN

1. Within the first 30 days of the program year, parents and children must receive pedestrian safety training and bus evacuation training. Centers will conduct bus evacuation drills or at sites with no means of a bus, pedestrian safety while crossing the street drills a minimum of 3 times per program year.
2. Children should be dressed and ready when the bus arrives. Each family will receive the approximate arrival time of the bus. Please allow 10-15 minute variance in the schedule. Vehicles are not allowed to honk, therefore you must be watching for the bus. The bus will wait three (3) minutes and then leave if no one appears. There will not be a return trip to the home.
3. Parents/guardians must notify the driver/center if the child will not be riding. Each bus driver has cell phone. If you cannot reach the driver, please notify the Preschool Center or a staff member.
4. Children must be secured by a safety restraint system at all times when riding the bus. If a child refuses to wear the safety restraint a conference will be held with the parent/guardian. A child may not ride on the without wearing the appropriate safety restraint. Bus Monitors and



Policy for Transporting Children(continued)

- parent volunteers who ride the bus must also wear the appropriate restraint.
5. To ensure safety, a parent/guardian/authorized person must meet the bus staff each morning and each afternoon and sign child in/out before a child is allowed on or off the bus. If no one is at home, the child will be returned to the Preschool Center. A child may never be released to an unauthorized individual even if the child recognizes them. Attempts will be made to contact emergency numbers. If no one picks up the child by a half hour past time for the staff to go home, the Police will be contacted. It is important to use your best judgement before contacting the Police. A conference would be held with the parent/guardian to arrive at a solution.
 6. Parents/guardians who transport children must bring their child into the classroom and sign the child in and out.
 7. If there is to be a permanent change in the pick-up and drop-off location, written notice must be given to the staff at least two days in advance in order to determine rather transportation services can continue. It will depend on how it changes the established route in relation to time and miles.
 8. In case of a family emergency, the parent/guardian is to call the center and let them know if a child is to be left somewhere else and send a signed/dated note the next day.
 9. No toys, food or drinks are allowed on the bus. If a child is bringing something to the center for show and share, birthdays, etc., it must be left in their bag for safe keeping. Backpacks may either be worn by the child or properly secured.
 - 10.If a discipline problem arises on the bus, the driver/monitor will notify the teacher who in turn will contact the parent/guardian to discuss possible solutions.
 - 11.Please make sure your child goes to the bathroom before boarding the bus. The route should not be longer than one hour.
 - 12.The last thing, before leaving the bus, the bus monitor will do a walk through and visually check every seat to ensure no children have been left on the bus. This is at arrival at the school and at the end of the day.

No medication of any kind shall be transported on Preschool contracted trolley services. This would include any medication transported to or from the child's home for all enrolled Preschool children. Exceptions could be made with written permission from the parent and with approval of the Program Director as medically needed.



Bus Discipline Policy

The bus ride may be a part of your child's school day. A child's behavior cannot interfere with the safety of the other children on the bus or with the bus driver/monitors' job. Rules are established so children know exactly what is expected of them. When a child is riding a contracted transportation bus/public school bus the rules of that provider will be followed along with the following rules.

The following guidelines have been established for the safety of all children.

- Children must wear the appropriate safety restraint at all times while on the bus, except at locations where a waiver is in place.
- Children will keep all body parts and objects inside the bus.
- Children will keep their hands, feet and book bag to themselves.
- Children and adults will use their inside voices on the bus. Conversation is encouraged.
- Children will use appropriate language and gestures while riding the bus.
- Children will be expected to get on and off the bus in a timely manner.
- Children will demonstrate care for the bus in order to keep it in good shape.

Consequences for the children and adults not following the guidelines are as follows:

1. Bus monitor/driver will give a verbal warning.
2. Parent/guardian will be informed of the child's behavior and a contact record will be completed as documentation of the discussion.
3. A conference will be held to include parent/guardian and appropriate staff to work out a solution.
4. Temporary suspension of bus privileges for a short period of time. Parent/guardian will be responsible for transporting the child during this time.
5. If the problem continues, a child may be permanently removed from receiving transportation services. Parent/guardian will be responsible for transporting the child if he/she continues in the program.

All parent/guardians will be required to complete a pick-up and drop-off sheet listing those persons authorized and not authorized. These forms are to be kept up to date. Any changes must be completed in writing, signed and dated.



Bus Discipline Policy (continued)

Anyone who picks up a child at the center or accepts a child from the bus must be listed on the Pick-Up Permission form and provide identification if asked. Staff is required to ask for picture identification if they do not know the person wanting to pick up the child. A written release is required from the parent/guardian allowing the child to be picked up/dropped off with someone under the age of 14.

Children riding the public-school bus will be expected to follow the public school's rules and regulation regarding transportation procedures.



Emergency Plan

Fire drills and storm/tornado drills are held every month. Lock down drills are held every other month. Everyone must participate (including staff, volunteers and children who are visiting). Procedures and escape routes are posted in the room. We also have policies for intruders, earthquakes, blizzards, power failures, and other health related hazards. A complete Emergency Preparedness Plan is in place for each individual site and can be viewed upon request.

Our most important concern is the safety of the children and the staff.



Family Orientation Review of Information

The following forms and information have been reviewed with me at Family Orientation of the Program. I understand and acknowledge these policies and procedures with my signature at the bottom.

Forms and Information Reviewed:

- Enrollment/Attendance/Discharge Procedures
- Parent Committee
- Policy Council
- Teachers Trained on Curriculum & Assessments
- Behavior Plan/Procedure
- School Readiness Goals
- In-Kind Contributions
- Medication Procedure
- Illness Procedure
- Infectious Diseases Policy
- Policy for Transporting Children
- Bus Discipline Policy
- Emergency Plan

Parent Signature

Date

Parent Signature

Date

SCICAP Employee

Date