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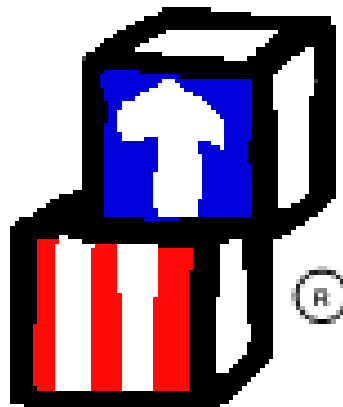
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WELCOME TO HEAD START

Head Start's mission is to provide quality comprehensive services to income-eligible preschool children to enhance their readiness for school, family involvement in education, self-sufficiency, and parent education is also emphasized.

Our motto is to “***Shaping our future, one child at a time.***”

This handbook has been written and prepared by staff to help you learn about Head Start, what Head Start can do for your child, and what you can do for Head Start.



The HEAD START symbol originated in 1965 by the Office of Child Development. The two squares represent early childhood by suggesting building blocks. The vertical stripes represent the child and parent working together. The arrow pointing up represents steps by which this can be accomplished. The Head Start symbol is colored red, white and blue, which represents the United States of America

Mission Statement

The overall goal of CAS Morgan County Head Start is to empower families for life long growth and enrichment.



Dear Parents,

Welcome to Morgan County Head Start. We are pleased that you have enrolled your child with us, and we look forward to working with you this year.

Our agency began administering Head Start in 1979 and currently serves 187 children and families in Morgan County.

As a parent, you are the most important teacher in your child=s life. So I encourage you to take an active role in the educationaland social opportunities provided for your child and family.

Sincerely,

*Betty Van Hook
HS/EHS Director*

Motto

“Shaping our future, one child at a time.”

Head Start Philosophy and Goals

The Head Start Program is based on the premise that all children share certain needs, and that most children of low-income families, in particular, can benefit from a comprehensive developmental program to meet those needs. The Head Start Program approach is based on the philosophy that:

- A child can benefit most from a comprehensive inter-disciplinary program to foster development and remedy problems as expressed in a broad range of services, and that
- The child's entire family, as well as the community must be involved.

The program is designed to maximize the strengths and unique experiences of each child. The family, which is perceived as the principal influence on the child's development, is encouraged to be a direct participant in the program.

Organizational Values

- We will create an environment that seeks to recognize, appreciate and respect the uniqueness of each child and family. We will strive to create a program that truly reflects the lives of our children, families and staff.
- We will accept children, families, and staff as diverse individuals and treat each individual as we would have them treat us.
- Mistakes will be used as opportunities to learn and as a motivator to pursue professional growth.
- Children, families, and staff will be provided with an environment that encourages excellence through praise, training, and modeling of behavior.
- We will not expect others to accomplish tasks that we are not willing to model and pursue ourselves.

Your child's Teacher/Home Visitor will be: _____

The Teacher Aide will be: _____

Our address is: 105 Longview Drive

Telephone #: 346-6633

If you ever have a question about any aspect of the Head Start Program, you may call our office to talk with the Director or any other staff person by calling 346-6633. Head Start Administrative staff are as follows:

Betty Van Hook	Head Start/Early Head Start Director
Beverly Davis	Assistant Head Start/Early Head Start Director
Lisa Guinn	Receptionist/MIS
Bobby Jones	Financial Officer
Angela Overton	Early Childhood/Literacy/Transition Coordinator
Laurie Brown	EHS/Disabilities/Extended Care Coordinator
Peggy Morgan	Family Advocate/Parent Involvement Coordinator
Tina Dilbeck	Child Health Services Coordinator
Barbara Cromwell	Nutrition Coordinator
June Spradau	Transportation Coordinator

PARENTS IN THE CLASSROOM

Head Start parents are always welcome in their child's classroom. This time would be rewarding for you, your child, and the teachers. There is always a need for extra hands in the classroom. Here are some tips to remember when volunteering:

- Be dependable, and arrive as planned.
- Do not use this time to conference with the teacher. Please set an appointment when you need time to discuss your child's progress.
- Keep any information you may have learned about children confidential. Do not discuss children away from the classroom.
- Follow the teacher's and assistant's lead in how to work with children and activities. If you disagree with something that has happened during the day, wait until the day is over to discuss it with the teacher.
- Sign and fill your time and type of activity on the volunteer log each time you volunteer.
- Plan to attend the parent workshop on volunteering in the classroom that will be offered at the beginning of the year.

Center Committees

A Center Committee is made up of parents in each classroom for the purpose of planning activities and training during the school year. This is a wonderful time for parents to share their special talents and resources and to gain insight into the policies and goals of the program.

POLICY COUNCIL FACTS

The Policy Council is a decision-making group of Head Start which allows parents to play a meaningful role in determining the nature and direction of the program. Parents do not need any experience to be on the Policy Council. Training is provided:

What does the Policy Council do?

- Participates in program self-evaluation each year.
- Approves or disapproves program plans, budget, personnel decisions, children's selection criteria, etc.
- Is consulted on other program-wide issues.

Who is on the Policy Council?

At least 51% of the Council must be made up of current parents. This includes...

- An elected parent member representing each center classroom
- An alternate parent member representing each center classroom or
- An elected parent member representing the Home Base and EHS option.

The remaining Council members are community representatives elected by the parent Policy Council Members.

When and where are the Policy Council meetings held?

- In the afternoon for approximately one and half hours
- At the main office in Wartburg
- Approximately once a month

Is child care provided during the meeting?

- Yes, transportation and child care will be provided if needed.

GRANTEE SERVICE / PARENT ROLE

Child Health & Development Services:

GRANTEE SERVICE

Determine if each child has a source of ongoing, continuous, accessible health care; determine whether each child is up to date on a schedule of age appropriate preventative and primary health care, and ensure that children are brought up to date and that appropriate well child schedules are followed. 1304.20 (a)

Obtain diagnostic testing for observable or suspected health or developmental problems and develop and implement follow-up plans. 1304.20 (a) (iii) -(iv)

Provide developmental, sensory and behavioral screening. 1304.20 (b)

Provide periodic observation and recording of individual children's developmental progress, changes in physical appearance, and emotional and behavioral patterns. 1304.20 (d)

Develop and implement Individual Education Plans (IEPs) and Individual Family Service Plans (IFSPs) for children with disabilities and their families. 1304.2 (f) (2)

EDUCATION & EARLY CHILDHOOD DEVELOPMENT:

Help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life. 1304.21 (a)

PARENT ROLE

Become *active partners* in their children's health care process. 1304.20 (e) (4); 1304.40 (f) (2) (ii)

Accompany children to medical and dental examinations and appointments. 1304.40 (f) (2) (ii)

Be *consulted* immediately when child health or developmental problems are identified. 1304.20 (e) (1)

Be *made familiar* with use and rationale for procedures. 1304.20 (e) (2)

Provide advance consent for testing and follow up services. 1304.20 (e) (2)

Results of tests and procedures *must be shared* with parent to ensure that parents understand results. 1304.20 (e) (2)

All such screening must *include input from family members*. 1304.20 (b) (3)

All such recording must include *observations from parents*. 1304.20 (d)

Participate in child evaluations. 1304.20 (f) (2)

Participate in development and implementation if IEPs and IFSPs. 1304.20 (f) (2) (ii)-(iv)

Be *involved* in curriculum development and approach to child development and education. 1304.21 (a) (2) (i). 1304.40 (e)

Have *opportunities* to increase their child observation skills. 1304.21 (a) (2) (ii)

GRANTEE SERVICE

EDUCATION & EARLY CHILDHOOD DEVELOPMENT:

Help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life. 1304.21 (a)

CHILD HEALTH & SAFETY

Provide opportunities for participation for all eligible children, regardless of health or medication needs; make reasonable accommodations to meet these needs. 1304.22 (b) (2)

Establish and implement written procedures for administering, handling, and storing medication. 1304.220(c)

Child Nutrition:

Identify each child=s nutritional needs. 1304.23 (a)

Design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child. 1304.23 (b)

Child Mental Health:

Share staff observation of child with parents. Discuss children=s behavior with parents. Identify appropriate responses to children=s behaviors. Discuss with parents how to strengthen nurturing, supportive environments and relationships in the home and at the program. Help parents to better understand mental health issues and encourage parents to participate in any needed mental health intervention.

1304.24 (a) (ii)-(vi)

FAMILY PARTNERSHIPS:

Provide opportunities to develop and implement Family Partnership Agreements. 1304.40 (a) (2)

Encourage parents to observe children and participate with children in group activities. 1304.40 (d) (2)

PARENT ROLE

Have *opportunities* to share their assessments (based on observations) with staff. 1304.21 (a) (2) (ii)

Participate in staff/parent conferences and home visits. (Participation is voluntary; refusal must be documented). 1304.21 (a) (2) (iii); 1304.40 (e) (5)

Collaborate with program staff in curriculum implementation. 1304.21 (c)

Inform program of any health or safety needs the program may be required to address. 1304.22 (b) (3)

Provide written authorization for administering medication. 1304.22 (c) (3); 1304.22 (a) (2); 1304.40 (f) (3) (ii)

Provide information to the program about family eating patterns, including cultural preferences, special dietary requirements, and feeding requirements of infants, toddlers and children with disabilities. 1304.23

Be involved in planning, implementing and evaluating the agency=s nutrition services. 1304.23 (b) (4)

Provide to the program information, observations, and concerns about their children=s mental health. 1304.24 (a) (I)

Participate with staff in discussions of children=s behavior, appropriate responses to behavior, strategies for strengthening and nurturing, supportive relationships and environments at home and in the program. 1304.24 (a) (iii)-(iv)

Participate in any needed mental health invention. 1304.24 (a) (vi); 1304.40 (f) (4) (iii)

Participate in the development and implementation of Family Partnership Agreements. 1304.40 (a) (2)

Observe children. *Participate* with children in group activities. 1304.40 (d) (2) (*Participation of parents is voluntary.*)

GRANTEE SERVICE

Provide opportunities for parents to work together and with community members on activities in which they have helped develop and in which they have expressed an interest. 1304.40 (g) (2)

PROGRAM GOVERNANCE

Establish Policy Council, Policy Council Committee and Parent Committees. 1304.50 (a) (iii)

Give preference in hiring to current and former Early Head Start and Head Start parents for employment vacancies for which they are qualified. 1304.52 (b) (3)

PARENT ROLE

Inform program of interests. 1304.40 (g) (2)

Participate in groups as interest dictates. 1304.40 (g) (2)

Serve on Policy Council, Policy Committee, and Parent Committees. 1304.50 (a) (i)-(iii)

Advise staff in developing and implementing local program policies, activities, and services. 1304.50 (e) (l)

Plan, conduct, and participate in informal as well as formal program activities for parents and staff. 1304.50 (e) (ii)

Participate in the recruitment and screening of Early Head Start and Head Start employees.

Apply for and *serve* in those positions for which they are qualified. 1304.52 (b) (3)

CAS/MORGAN COUNTY HEAD START VOLUNTEERS JOB DESCRIPTION

Effective volunteers are valuable additions to our preschool program. A volunteer can make a significant, positive difference in a child's educational program by helping the child learn how to acquire knowledge, by helping the child feel good about himself and by helping the child learn how to get along with others. The volunteer can also help the children by being supportive of their needs and by being a good listener. Volunteers should accept the following responsibilities in order to make sure that the volunteer program is beneficial to the students, the teacher, and the whole program:

1. Children are never left alone or unattended by an adult. This means that children cannot go anywhere without an adult with them - in the classroom, on the bus, on the playground, in the bathroom, or anywhere else.
 - A. Remember that Head Start children are "little people" dependent on you for their safety and welfare. Be aware of them, count them, try to develop a sixth sense about them and about where they are and what they are doing.
 - B. Don't assume they will be safe; take affirmative action to be sure they are.
 - C. Children must be in an adult's sight at all times.
 - D. Bathrooms, hallways, steps, and parking lots are areas that require closer supervision. Children should be kept within reach at all times. Some children may need "hands on supervision."
2. Everyone at Head Start wears a seat-belt - children, staff, parents, and volunteers. If you see anyone riding in a Head Start vehicle without using a seat belt, you should tell the person in charge of the vehicle.
3. Physical punishment is not allowed at Head Start. This means no spanking, pinching, kicking, shaming, teasing, yelling or screaming. Parent can not even spank, smack, etc., their own child. No child of Head Start will be separated from or deprived of classroom activities as punishment.
4. Food is not used as a punishment or reward for children's behavior. We eat and drink the same things in front of the children that they eat and drink. All food served at the classrooms must be eaten in the classrooms. Leftovers must be thrown out.

VOLUNTEERS JOB DESCRIPTION

(Continued)

5. Adults must serve as positive role models for children, using manners, appropriate language, and appropriate behaviors. We practice what we preach.
6. Smoking is not allowed on Head Start property.
7. Information about children, parents and families is kept confidential.
8. All volunteers must abide by Head Start policy on the Dress Code located in the Parent Handbook.
9. Due to health regulations, we must insist that no one go into the kitchen, except authorized personnel.
10. If possible, please notify the teacher in advance if you will not be able to volunteer.

QUALIFICATIONS

1. An interest in/or desire to contribute to the success of the Head Start Program.
2. The desire to maintain a positive, helpful attitude and work harmoniously within a class or smaller group. Be a team player.
3. A desire to work toward achieving local Head Start Program goods, consistent with national program goals.

THE ROLE OF THE VOLUNTEER IN THE PRESCHOOL CLASSROOM

The Volunteer's Concerns with the Children:

1. Do all that you can to be sure the child is learning something positive.
 - a. Be a stimulation of the child's emotional and intellectual development.
 - b. Call objects by their correct names and encourage the children to repeat the names of objects.
 - c. Encourage the children to talk, carry on conversations with you, ask questions, elicit responses, and to verbalize feelings.
 - d. Encourage children to use names - their own, other children's, teachers, and aides.
 - e. Encourage children to ask questions and stimulate curiosity.
 - f. Encourage participation and listening when the teacher has the group together or a lesson of any kind.
 - g. Try not to interfere with one child's problems unless there seems to be a great need; give assistance when needed.
 - h. Give examples to child of how they can deal verbally with a situation, instead of physically.
 - i. Help the child be sure he parts of puzzles, toys and books are always replaced before the child leaves them.
 - j. Encourage constructive use of material.
 - k. Relate to a child on a one-to-one basis.

2. Do all that you can to be sure the children are happy.
 - a. Help establish a positive adult-child relationship by genuine interest.
 - b. Greet each child by name as soon as possible. Encourage them to learn your name and use it. When they call you "teacher" try to have them say your name.
 - c. Try to interest the crying child after first trying to find out why the tears or unhappy face.
 - d. Remove threats to the child coming from his own fears or from aggressive behavior of others.
 - e. If a child is threatening another child, intervene by words of calmness, take by the hand and lead the offender away, or detract the other child until you can return to the aggressive one - - do not permit unhappy quarrels to become unmanageable.

THE ROLE OF THE VOLUNTEER IN THE PRESCHOOL PROGRAM

(Continued)

- f. Give special care to the child's belongings, help them take care of them.
- g. Show appreciation for the child's accomplishments.
- h. Help build their self-image by talking to them on their level, showing interest in their individuality and uniqueness.

3. Be alert to the safety of the children.

- a. Observe the objects they are using and how they are using them; remove or correct as the case requires.
- b. Know where the children are at all times.
- c. Report any injury immediately to the teacher.

B. The Volunteer's Concerns with the Physical Environment

1. Care of equipment.

- a. See that equipment is in good repair - fix it if possible, or remove it until it can be fixed.
- b. Report loss of objects or need for replacement of supplies which are nearly out.
- c. Help the children to remember to put things away where they belong.
- d. Encourage the children to do all possible in the clean-up period.

2. Help make equipment, charts, games, manipulative materials (zipper boards, lacing or shoe string boards, broom horses, doll clothes, doll corner towels, lunch cloths, etc.) Present puppet show or demonstrate making puppets.

3. Gather raw material for use in special projects (wood, dress-up clothes).

4. Bring other resources for enrichment such as unusual food, hobbies, pets, games and pictures.

C. The Volunteer's Participation in the Curriculum of the Preschool Program

1. Tell or read stories, learn songs, finger plays, etc., being used so that you can lead a few children in same at an opportune time.

2. Take part in creative play, for example, building with blocks, dress up games, dolls and table games.

3. Supervise suitable arts and crafts activities.

4. Locate equipment & supplies by becoming familiar with the routine of the class room.

THE ROLE OF THE VOLUNTEER IN THE PRESCHOOL PROGRAM

(Continued)

5. Demonstrate special skills; (i.e. play guitar, demonstrate building simple products, show how to plant seeds, etc.)
6. Discourage destructive behavior and waste.
7. Express appreciation to the child when they think and respond to conversation from you.
8. Assist in serving meals or snacks.

MY RESPONSIBILITIES AS A MORGAN COUNTY HEAD START PARENT ARE...

...to learn as much as possible about the program and to take part in major policy decisions.

...to accept Head Start as an opportunity through which I can improve my life and my child's life.

...to take part in the classroom as an observer, a volunteer worker or a paid employee, and to contribute my services in whatever way I can toward enrichment of the total program.

...to provide parent leadership by taking part in elections, by explaining the program to other parents and by encouraging their full participation.

...to welcome teachers and staff into my home to discuss ways in which parents can help their children's development at home in relation to school experiences.

...to work with teachers, staff members, and other parents in a cooperative way.

...to guide my children with firmness, which is both loving and protective.

...to offer constructive criticism of the program, and to defend it against unfair criticism, and to share in evaluating it.

...to take advantage of programs designed to increase my knowledge about child development and my skills in areas of possible employment.

...to become involved in community programs which help to improve health, education, and recreation for all.

MY RESPONSIBILITIES AS A MORGAN COUNTY HEAD START PARENT ARE...

(Continued)

- ...to take part in major policy decisions affecting the planning and operation of the program.
- ...to help develop adult programs which will improve daily living for me and my family.
- ...to be welcomed in the classroom and any other area of the program.
- ...to choose whether or not I participate without fear of endangering my child's rights to be in the program.
- ...to be informed regularly about my child's progress in Head Start.
- ...to always be treated with respect and dignity.
- ...to expect guidance for my child from Head Start teachers and staff which will help his total individual development.
- ...to be able to learn about the operation of the program including the budget and the level of education and experience required to fill various staff positions.
- ...to take part in planning and carrying out programs designed to increase my skills in areas of possible employment.
- ...to be informed about all community resources concerned with health, education and the improvement of family life.

IMPORTANT THINGS YOU SHOULD KNOW ABOUT

ABSENCES:

In general, children should miss no more than a few days per month. Most jobs allow for one sick day per month, or one day in 20, or 95% attendance. This is our goal for children in our program. This allows children to miss no more school than is necessary while allowing for normal recovery from routine illnesses.

Let your child's teacher know when your child will be absent due to illness or for any other reason. If the child is out three days or more due to illness, the child must have a physician note before returning to Head Start. Physician's note should state the date(s) and/or the number of days for which the child will be excused and when the child can return to Head Start. We will make a phone call or home visit if your child is absent more than four (4) consecutive days.

If a classroom's attendance falls below 85%, Head Start staff must analyze why this occurred and take steps to correct the problem. After ten absences, the parents will receive a written letter from the agency discussing the importance of attendance at Head Start. If your child's attendance still does not improve, your child's teacher and/or Family Advocate Coordinator or Family Advocate Aide will make a home visit to discuss the reasons for the absences and to develop a plan for improved attendance. If your child still continues to miss school, a meeting will be scheduled to discuss the reasons for the absences and if the Head Start center option is still the best option for the child.

NEWSLETTER:

A newsletter will be sent out monthly. It includes articles by teachers, staff and parents; learning activities, educational articles and several other interesting tidbits. Please feel free to contribute any ideas by giving them to your child's teacher.

AFFIRMATIVE ACTION:

No person shall, on the grounds of race, color, disability or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Head Start Program.

CLOTHING:

We play, paint, and do all sorts of messy things in Head Start, so do not send children to school in special clothes, dress clothes, or good shoes. Everyday clothes are best, with preferably rubber soled shoes for safety. It is important in winter months that your child have warm enough clothing to ride on the bus and play for short periods of time outdoors. Please put clothes on the children that will allow them to go to the bathroom by themselves.

STORM WARNING PROCEDURES:

If the public school cancels school due to bad weather, the Head Start classrooms will be closed. Listen to WECO FM 101.3, WECO AM 940 OR WBIR Channel 10.

CHILD ABUSE LAW:

Because Head Start deals with the education and care of children, we are required by the State of Tennessee to report any suspected case of child abuse or neglect. The Department of Children Services **24 hour Hotline number is: 1-877-237-0004**. Since you, as parents, are concerned with the welfare of children, we will be sending you more information throughout the year, so that you may also play a part in the protection and prevention of the abused or neglected child. *Children are our future.*

TRANSPORTATION SYSTEM RULES

1. No child will be transported until Regular Scheduled Drop Off and Emergency Drop Off forms are completed and are on file. A designated adult must be present and come to the bus to sign the child on and off of the bus. If not, a note will be left telling the parent that the child has been taken to their emergency drop-off address. The emergency drop-off is to be used for accidents, or serious illness or death of a family member that were not anticipated. The emergency drop-off is to be located on the regular bus route. If the emergency contact is not at home, a note will be left stating that the child has been transported back to the Head Start Center. Parents will be responsible for picking their child up by 5:15 p.m. If you are not here to pick up your child by 5:15, DCS may be called.
2. For our routes to run smoothly and on time, it is important for you to come and receive your child. We understand that you might sometimes have a situation occur that would take you away from home at the time your child is to be dropped off, but this is for real emergencies (accidents, serious injury/illness or deaths). Please make every effort to be home to receive your child.
3. Children must be ready on time. If one child is late, the bus is late to all the other homes on the bus route.
4. If your child will not be attending school on a certain day, please let the driver or classroom teacher know so the bus does not stop at your home and blow the horn. If you are not at home three days in a row, the bus will not come back to your home until you contact us to do so.
5. Due to Head Start Performance Standards, all children will be transported in a child restraint system. Adults must also wear seat belts while on the bus.
6. Parents or babysitters cannot leave children alone at the curb to wait. Bus drivers must be able to see that the children are in the hands of a designated person that you have authorized to get your child before they can drive away. This person must sign to show that they received the child. If a child waits alone either before the bus comes or after the bus leaves, there is danger of an accident or the child being lost. Tennessee Day Care Licensing insist we follow the above rules for the safety of the children.
7. Parents are always welcome to ride the bus to the Head Start classroom for volunteer work, providing that there is appropriate seat space. As a rider, you are encouraged to help the bus driver in any way possible.
8. Please notify the teacher if you move or if your permanent babysitter changes. It is difficult making other route changes. If an emergency arises, we must change the route, but otherwise, it complicates and could make rides too long for the children. We cannot pick up/drop off a child at different places every few days. Please inform your babysitter to meet your child when the bus arrives. Your bus route or bus personnel could change at any time. When changing bus routes, please allow us five business days to make that change.

PROCEDURE: Emergency Drop-off Procedure

Number: 3303.1

CONTENT AREA: Facilities, Materials, and Equipment

SECTION: Program Design & Management

EFFECTIVE DATE: 6/95

REVISION DATE: 6/00

OBJECTIVE: The purpose of this procedure is to make parents, bus drivers, and bus monitors aware of our drop off system.

ACTIVITY	PERSON(S) RESPONSIBLE	DATE TO BE COMPLETED
1. The parent/guardian of every enrolled child is required, at enrollment, to designate an alternate location for delivery of their child and to give the name(s) of person(s) at that location authorized to receive their child.	Parent/ Guardian, & Family Advocate Coordinator	On-Going
2. After initial enrollment, updates to designated drop off and authorized people to receive the child may be needed.	Teacher/ Bus Driver	On-Going
3. Each person so designated to receive a child, will be required to sign confirming their acceptance of this responsibility.	Responsible Person(s)	On-Going
4. Bus personnel are required to ask for identification, if they do not know this person.	Bus Drivers & Bus Monitors	On-Going
5. A note will be left telling the parent that the child has been taken to the emergency drop-off address. The note will also state that in the event the person is not at home the child will be taken back to the Head Start building. Parents will be responsible for picking their child up at the Head Start building by 5:30 p.m. If the child is not picked up by 5:30 p.m., DCS will be called.	Bus Drivers, Bus Monitors & Parents	On-Going
6. Transportation procedure will be given to parents prior to the first day of operation.	Transportation Coordinators	On-Going
7. Training/ home visits will be provided to parents on transportation as indicated/ needed.	Transportation Coordinators	On-Going



PROCEDURE: Special Dietary Needs and Feeding Problems **NUMBER: 1301**

CONTENT AREA: Child Nutrition

SECTION: Early Childhood Development & Health Services

EFFECTIVE DATE: 6/95

REVISION DATE: 8/97

OBJECTIVE:

The purpose of this procedure is to meet the needs of our children with special dietary needs, or feeding problems.

ACTIVITY	PERSON(S) RESPONSIBLE	DATE TO BE COMPLETED
1. Data will be taken on all dietary needs and feeding problems when application is taken.	Family Advocate Coordinator	On-Going
2. A health record on each child is made made recording dietary needs, feeding problems, heights and weights.	Health Service Coordinator	On-Going
3. Under height/underweight children will be given additional food provided at the center along with follow up at home.	Nutrition Coordinator and Cooks	On-Going
4. Nutrition Coordinator will have a meeting with parents of overweight children, and training for them if needed.	Nutrition Coordinator	On-Going
5. Children with unresolved nutrition-related needs will be referred to appropriate agencies after they leave Head Start.	Nutrition & Family Advocate Coordinators	On-Going

PROCEDURE: Special Dietary Needs and Feeding Problems
(continued)

NUMBER:1301

ACTIVITY	PERSON(S) RESPONSIBLE	DATE TO BE COMPLETED
<p>6. Menus and food preparation will be modified to meet the special needs of children having difficulties in chewing/swallowing, or a lack of feeding skills, food allergies, digestive or metabolic disturbances.</p> <p>A. Children must have any of the above problems diagnosed by a physician with written documentation on file in child=s health record and teacher=s file.</p> <p>B. All personnel working with this child will be made aware of his/her special needs or problems.</p>	<p>Nutrition/Disabilities Coordinator, Cooks, Teacher, Teacher Aide</p>	<p>On-Going</p>
<p>7. Training will be provided to staff and parents when the needs occurs.</p>	<p>Nutrition Coordinator</p>	<p>On-Going</p>

PROCEDURE: Confidentiality in the Head Start Program **NUMBER: 2104**

CONTENT AREA: Family Partnerships

SECTION: Family & Community Partnerships

EFFECTIVE DATE: 9/95 **REVISION DATE:** 8/98

OBJECTIVE:

This procedure will be used to ensure that all information received from the parent (including information on enrollment application), physicians or any other provider will be kept confidential.

ACTIVITY	PERSON(S) RESPONSIBLE	DATE TO BE COMPLETED
All records will be kept in a locked file.	Coordinator/ Classroom Staff	On-Going
Information will be released (on a need to know basis, only)	Coordinator/ Classroom Staff	On-Going
(A) with signed parental consent (See attached: information release form to other agencies or provider)		
(B) parent will be told of the nature or reason for which information is obtained and which information will be used for stated purpose only.		
Staff will not discuss any information concerning child or family with other families or people outside the Head Start Program.	Coordinators/ Classroom Staff	On-Going



I. The Privacy Act of 1974

II. Confidentiality

III. Documentation

Suggested Guidelines For Maintaining Confidentiality

Families have the right to protection of personal information about them and their relationship with Head Start during and following the process of obtaining services. The following principles should be kept in mind:

Parents should be the primary source of information about themselves, and information sought from them should be limited to that which is essential for service.

Parents and other volunteers are prohibited from viewing records other than those of their own children.

Children's health and education and social service records on families are open only to Head Start staff and special consultants on a "need to know" basis (to the extent necessary to provide services).

Families must be informed about information that will be shared with other Head Start staff and the reasons why. (For example, a signed consent form which includes how information is being shared and with whom, could be helpful.) When in doubt about releasing information, obtain permission from a family member.

No information should be released to anyone outside the program without written consent from the family, except in reporting child abuse and neglect.

Other agencies and individuals should be consulted only with the family's consent and within the limits of that consent.

Avoid use of consolidated forms (such as blanket permission forms for a field trip, release of information to other agencies, etc.).

On a yearly basis, with help from parents and staff, decide what information will be collected, how it will be shared and with whom.

Include information on how forms will be used and how information will be released as a part of the agency's plan or policy for confidentiality.

Only that information should be recorded and those records maintained that are essential to provide service; and the use of records should be determined by agency function and the consent of the family.

HEALTH GUIDE

The general goals of the Head Start Health Program are to provide comprehensive preventative health services to pre-school children, including handicapped children. We strive to involve the family on finding a “health home.” Our Health Program requires the following services for each child enrolled in the program:

Physical Exam - Parent will be given a Head Start Physician Form at time of enrollment to take to their care providers to get a physical exam. Head Start will pay for the physical for Non-TennCare or non-insured children - parent will be required to accompany the child for all health appointments. Due to Performance Standards, all children returning to Head Start for the 2nd year will be required to get a new physical.

Dental Exam - By Dr. Benjamin Howard for uninsured and your primary care dentist for insured.

Immunizations - All children enrolled in Head Start must be age appropriately immunized, any child who is lacking or is not up-to-date with all scheduled immunizations will not be allowed to participate in center classroom activities but will receive services in the home. Children who have celebrated their 4th birthday must have 5 doses of DPT, 4 doses of OPV - Polio, 2 doses MMR. 3 doses HBV - Hepatitis B - 3 or 4 doses of HIB.

Developmental Screening in gross motor, fine motor, concepts, and communications by Head Start staff.

Height and Weight measurements 2 times a year by the Head Start staff.

The above screenings are completed within forty-five (45) days of the beginning of the program; except for immunizations and height and weight, which continue until April. You will be notified of all results.

If any of the screenings are not “not typical” or need further evaluation of treatment, you will be notified, and Head Start will provide referral services, transportation, if needed, funds for Non-TennCare or uninsured child.

A cumulative health record is kept on each child at the office, with the results of the screening, so that staff and parents can become more familiar with the child=s health.

At the end of the program, you can request a copy of your child=s health results and immunizations for your records. The school district can also receive a copy with your permission.

OTHER HEALTH SERVICES PROVIDED BY HEAD START ARE:



Mental Health Consultants periodically visit the classrooms to assist staff in providing a mentally healthy environment. They are also available to parents of children with behavior and emotional problems.

A well balanced breakfast, snack, and lunch, which meets 2/3 of a child's daily nutritional requirements.

Health education in the classroom on dental hygiene, personal hygiene, first aid, safety, nutrition, etc.

Health education is also planned for parents at parent meetings on topics which you have chosen.

Children with disabilities will be provided with special educational programs designed to meet their individual needs through local school districts and other special interest agencies.

A Health Advisory Committee, made up of specialists and parents, will meet at least annually to discuss the Health Program and make recommendations.

HEALTH POLICY GUIDELINES

Very few illnesses make it necessary to keep a child home. If the child has already exposed others to the infection and is being treated, the disease usually cannot be passed. However, children with certain infectious diseases should stay home. These diseases include:

Chicken pox (varicella): The child should stay home for six days if the child has not been in contact with the other children in the group for at least 1-2 days before the rash appeared; if the child is too ill to participate; or if the child needs more care than the care-giver can provide. In general, keeping a child with chicken pox home will not stop its spread if the other children were exposed to the child one day before the rash developed.

Hepatitis A: This child should stay home until all those who should be protected have received gamma globulin shots.

Impetigo: The child should stay home until treatment starts and all scabs are dried up.

Infectious Conjunctivitis (pink eye): The child should stay home until the day after treatment begins.

HEALTH POLICY GUIDELINES

(continued)

Infectious Diarrhea: The child should stay home until the diarrhea stays in the diapers, or the child can get to the toilet; and/or until a health consultant says the child can return.

Lice: The child should stay home until all the nits/or lice are gone.

Ringworm: The child should stay home until treated for 24 hours, but need not be sent home if the sore can be covered.

Scabies: The child should stay home until treatment starts.

Strep Throat, Scarlet Fever: The child should stay home until the day after treatment with antibiotics.

Vaccine-preventable diseases (diseases prevented by immunizations): The child should stay home until a health consultant says the child may return. When a child has certain symptoms, he or she should stay home and be cared for in a special care setting. The child may return with a written statement from a physician that the child does not put the other children at risk of getting ill and the child is well enough to participate in the activities.

These symptoms include the following:

A fever and the child is feeling or acting ill.

Fever is a sign that the body is fighting some problem. Fever is not a disease. The importance of a raised temperature depends on what is causing the fever and how the child is behaving. For example, if nothing else is wrong and the child had the diphtheria-tetanus-pertussis (DTP) shot the day before, or had a measles-mumps-rubella (MMR) shot 7 to 10 days before, fever alone does not mean that the child should have to stay home. There are certain times when a fever means a child

should stay home: A child more than 24 months of age has an oral or axillary temperature of 102 degrees Fahrenheit or higher.

Body temperature usually goes up during the day. A child may have no fever and may act normal in the morning, but might become ill as the day goes on.

Vomiting or upset stomach

A child with repeated vomiting can easily spread germs through the vomit. The child will also need a care-giver's attention. Unless the child care program can provide one-to-one attention, a child who vomits repeatedly should be sent home.

HEALTH POLICY GUIDELINES

(continued)

If the child vomits only once and has no other symptoms, the child probably does not have to go home immediately. Some children vomit in the morning when they have swallowed mucous the night before. If the child is vomiting and also has other symptoms such as abdominal pain, diarrhea, and significant behavior changes, the child should stay home.

Looser or more frequent stools than usual (diarrhea)

When a child has a single loose stool, he or she does not need to be at home. However, if the child has very runny stools that cannot be contained in a diaper, or the child cannot reach the toilet in time, the stool may contaminate the child care setting.

Sometimes children get diarrhea when they take antibiotics. The children feel and act perfectly well and may not require extra care-giver attention.

Children may also eat something (for example, prunes, too many strawberries, or melons) that cause loose stools. If they feel well, do not need extra care-giver attention, and are able to participate fully in the child care program activities, they do not have to stay at home.

Children with diarrhea who look or feel sick or have a fever with their diarrhea, need close attention, need help washing up, or needed an added fluid intake, should stay home unless

Runny Noses

Children with constant runny noses that are not caused by allergies may spread germs everywhere. They may wipe their noses with their hands, rub them on their own and other people's clothing and on other surfaces.

Remove secretions from children's noses with facial tissues. This will help prevent secretions from backing up into the child's ears or sinuses, where they can cause secondary bacterial infection.

Pain

When a child is in pain, the child needs a parent's attention. The parent must take care of whatever is causing the pain and must comfort the child.

PROCEDURE: Head Lice for Children

NUMBER: 1204.3

CONTENT AREA: Child Health & Safety

SECTION: Early Childhood Development & Health Services

EFFECTIVE DATE: 6/95

REVISION DATE: 8/00

POLICY:

Children will have their heads checked daily for nits and lice by the classroom teacher and assisted by the teacher aid. If any child is determined to have nits or head lice, the classroom teacher will report to the Health Services Coordinator.

The Health Service Coordinator or teacher will contact the parent or emergency contact person to come to Head Start to get the child. If the parent cannot come to get the child, the Health Service Coordinator and Family Advocate Coordinator will arrange for transportation for the child to be transported home using Family Advocate Aides, Health Service Coordinator or Family Advocate Coordinator.

Parent will be given treatment for the child and family one (1) time only. Health Service Coordinator and Family Advocate Coordinator will explain to the parent how to use the treatment along with instructions on how to eliminate lice and their eggs at home.

Children may return to Head Start classroom after treatment is completed and all signs of nits or lice are gone. **PARENTS WILL BE REQUIRED TO BRING THE CHILD BACK INTO THE CLASSROOM AFTER BEING SENT HOME FOR HEAD LICE.**

The classroom teacher or Health Services Coordinator will verify that all signs of nits or lice are gone before the child is allowed to participate in classroom activities.

Classrooms will be cleaned and disinfected each day. If evidence of lice is found - cots will be sprayed with Defend Lice Killer or 1/4 cup bleach to 1 gallon water to help prevent the spread of lice in the classrooms. All dress-up play clothing or stuffed toys will be sprayed or their use discontinued, until there is no evidence of lice.

MEDICAL AND EMERGENCY PROCEDURES

1. If your child **is not** feeling well, **do not** send your child to school.

If your child becomes ill during school hours, the following procedures will be followed:

- A. The child will rest on a cot.
 - B. Parents will be called immediately . If parents cannot be reached, emergency contact named on the agreement form will be called.
 - C. If both the above persons cannot be reached, the child will continue resting on the cot and be taken home on the bus;
2. If any communicable diseases or infections are in your community, all Head Start parents in that area will be notified by a memo sent home with your child.
3. If your child has an accident during school hours, (broken bones, head injury, cut, etc.):
- A. Parents will be called immediately. If parents cannot be reached, emergency contact named on the agreement form will be called;
 - B. If both the above persons cannot be reached, the doctor will be called;
 - C. Basic first aid will be administered by the teacher or teacher aide;
 - D. If injury required immediate doctor=s care and transportation is needed;
 1. If parent or emergency contact is reached, parent or emergency contact will call for the ambulance.
 2. If the above are not able to be reached, the teacher will call for the ambulance.

CONTENT AREA: Child Health & Safety

SECTION: Early Childhood Development - Education and Health Services

EFFECTIVE DATE: 8/00

POLICY:

The purpose of this procedure is to prevent or to eliminate unacceptable behaviors in the classroom such as aggressiveness, hitting, kicking, biting, spitting, running around the classroom, knocking over furniture, etc., or any behavior which may pose a safety risk to themselves and other children and staff in the Head Start Program. This procedure will ensure that:

1. The classroom teacher will have concise rules and structure in the classroom setting, consistently enforcing the classroom rules from day one of class.
2. The classroom teacher will review the rules daily with children and have consistent consequences for breaking the rules.
3. If teacher (after #1 and #2 above) cannot bring the unacceptable behavior under control, classroom teacher will make a referral to the Mental Health Coordinator for an individual observation of the child by the Mental Health Consultant.
4. If during the time span (after referral is made and before Mental Health Professional observes the child in the classroom) the child's behavior becomes so extreme that it poses a significant safety risk to themselves and others, child will be temporarily excluded from the classroom. The Director, Health Services Coordinator, Early Childhood Development Coordinator and Teacher will make the decision concerning the temporary exclusion. The parent will be informed of the temporary exclusion, the reason the child is being excluded and the approximate length of time.
5. Mental Health Professional will observe child in the classroom and make recommendations on behavior management techniques for the teacher to use to try to bring the unacceptable behavior under control.
6. A conference will be held with the parent, teacher, Early Childhood Development Coordinator, Disabilities/Transition Coordinator, Mental Health Services Coordinator and the Mental Health Professional to discuss the recommendations made by the Mental Health Professional. Parent will be encouraged to reinforce with the child, at home, the behavior management techniques recommendations by the Mental Health Professional.

Unacceptable Behaviors in the Classroom (continued)

7. If child's behavior is so extreme that all behavior management techniques recommended by the Mental Health Professional have been exhausted by the teacher and parents and child's behavior is still uncontrollable and poses a safety risk to themselves and others; child will be temporarily excluded from the classroom until a Psychological evaluation can be done on the child to possibly uncover some underlying cause for the behavior. (Parent will be informed of this during conference, See #6).
8. Mental Health Services and Early Childhood Development Coordinators will give the Disabilities/Transition Coordinator a referral for a Psychological Evaluation to be done on the child.
9. If Psychological Evaluation does not reveal any cause for the uncontrollable behaviors of the child, he/she will be dropped from the 4 day center program. (Parent will be informed of this during conference - See #6). Children who put themselves and others at risk of getting hurt, in danger or harm cannot remain in the classroom.
10. To ensure the child receives some form of early childhood education, the Home Base Option will be considered, taking into consideration the availability of an open slot, the severity of the behavior and the safety of the home visitor.
11. While the child is in the home based program, steps will be taken to ensure the child receives all other benefits offered by Head Start, such as dental, speech, and any other special services the child may need such as counseling, etc. Parent will be required to bring or accompany the child for these services. (Parent will be informed of this during conference. - See #6)

HEALTH EXPECTATIONS OF PARENTS

You have the primary responsibility for your child's health. The health expectations of parents are:

1. The medical history forms must be completed;
2. Medical and dental exams and forms should be completed and returned to Child Health Services Coordinator or the teacher as soon as possible, so that follow-up can be started;
3. If your child is ill, we expect you to contact the classroom. Otherwise, the teacher will be contacting you;
4. The children go outside almost every day, depending on the weather. Please do not request that your child stay inside since there would be no supervision. If you do not want your child to go outside, please keep him/her home or come to the classroom and provide supervision during the outdoor activities;
5. Immunization records must be up to date before the child can attend classroom activities - services will be provided in home until all age appropriate shots are up-to-date;
6. No medicine can be given at school except prescription drugs, in which case you must bring the medicine to the classroom in the labeled prescription bottle and sign a consent form;
7. Familiarize yourself with the Emergency Care Procedures posted at each classroom;
8. Know the available health resources in your area for your child;
9. Attend workshops and parent meetings for health information;
10. Be sure the staff is aware of any health related problems you child might have;
11. Feel free to contact the Child Health Services Coordinator about any health concerns.

CONTENT AREA: Child Health & Safety

SECTION: Early Childhood Development - Education and Health Services

EFFECTIVE DATE: 6/95

REVISION DATE: 8/97

POLICY:

Head Start Staff or care givers play an important role in ensuring that all children coming to Head Start are healthy and free of any communicable diseases.

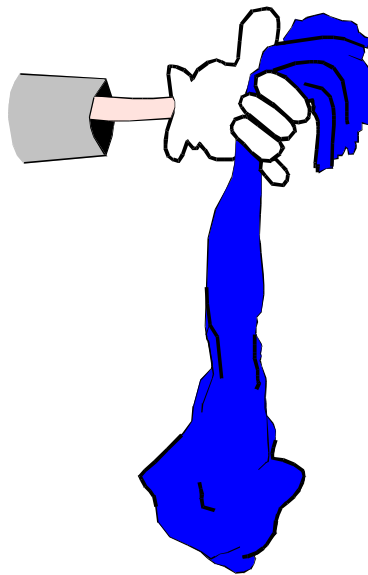
They must promote good health ideas and practice good health rules by making them a part of their daily lives and acting as good role models for children.

1. At time of enrollment parent will be told about the program's health policy to prevent infectious diseases among children. (A copy of this will be posted in each classroom.)
2. A daily health check will be made by the teacher when the child arrives in the classroom.
When you do the health check every day, you will learn what is normal for each child. That way, you will know when something is different about the child.
3. Staff is not to diagnose an illness or care for a very ill child. If staff member doing health check finds something out of normal for the child - parent must be contacted to come and get the child at the classroom. The child should be moved away from other children until the parent arrives to take the child home to prevent exposure to other children. When a child is sick or in pain, the child needs a parents attention. The parent must take care if whatever is causing the pain and must comfort the child. Appropriate Head Start staff will assist the parent in transportation, doctor appointment, etc., if needed by parent, when caring for their sick child.



PREVENTING INFECTIOUS DISEASES

1. All staff will receive a complete health assessment (physical) each year.
2. Staff are provided Hepatitis B Vaccine at no cost to them, paid for by agency.
3. All children enrolled will keep up with health maintenance routines including complete physical and required immunizations.
4. Parents will be notified by letter of a child's exposure to infectious disease.
5. Food handlers will observe the rules of personal cleanliness, food storage, and food preparation service.
6. Strict rules for regular cleaning and sanitizing of the classroom will be followed:
 - A. Clean: To remove any visible soil.
 - B. Sanitize: To reduce the number of germs on the surface.
 - C. Sanitizing solution (mixed daily) a solution for reducing germs is made from 1/4 cup household chlorine bleach to 1 gallon of water.
7. Disposable gloves, face mask or shield will be worn by Head Start Staff when touching body fluids and waste such as blood, saliva, vomit, stool, and urine. Also wash hands after blowing noses, toilet use, or diapering.
8. Staff will be provided training annually at Pre-Service on universal precautions and blood borne pathogens.



PROCEDURE: Sick Child/Staff Exclusion

NUMBER: 1208

CONTENT AREA: Child Health & Safety

SECTION: Early Childhood Development & Health Services

EFFECTIVE DATE: 8/97

REVISION DATE:

POLICY:

The purpose of this policy is to help prevent the spreading of any chronic or communicable disease to ensure the health and safety of all children and staff in the Head Start Program. To eliminate any significant risk to anyone in contact with the person who has a contagious communicable disease. It is based on 1304.22 (B); short term exclusion and admittance of children and staff from program participation in center based activities and group socialization.

PROCEDURAL APPLICATION

1. Persons (children and staff) who have been diagnosed with any short-term acute conditions that are contagious and pose an immediate risk to others in the Head Start program will temporarily excluded for a short-term from participation in center-based and group socialization activities.
2. Conditions that require the short-term exclusion are any chronic or contagious communicable diseases such as: (a) Strep Throat, (b) Chicken Pox, and (c) Acute conditions or illnesses that pose a risk to others (head lice, impetigo, scabies, pink eye, infectious diarrhea, etc.)
3. Persons (children and staff) will be excluded or requested to stay home from the time they may be contagious as set forth in the Health Policy Guidelines.
4. The person (children or staff) may return to Head Start Program activities with written permission from physician stating that the person (children or staff) does not put the others in the program at risk of getting ill, and the person (children or staff) is well enough to participate in program activities.

PROCEDURE: Administering Medicine

NUMBER: 1229.1

CONTENT AREA: Child Health & Safety

SECTION: Early Childhood Development & Health Services

EFFECTIVE DATE: 6/95

REVISION DATE: 8/97

POLICY:

The purpose of this procedure is to ensure that a child will receive any needed medication during Head Start school hours for chronic problems or any disorder that may prevent them from functioning or carrying out their normal daily activities.

ACTIVITY	PERSON(S) RESPONSIBLE	DATE TO BE COMPLETED
Obtain parents written consent for giving the medicine. Medicine transported by parent not on bus.	Health Serv..Coord., Family Advocate Aides & Teachers	On-going
Obtain doctors written instructions stating condition medicine is given for, how much and when to give. Any possible side effects to look for. Doctor=s and parents phone numbers, (Where to reach in case medicine causes complications.	Health Serv. Coord. Family Advocate Aides, And Teachers	On-Going
Proper labeling of medicine container. Must have original label stating the basic information: (1) name of child (2) name of child=s doctor (3) name of medicine (4) issue date of medicine (5) how to administer (for example, oral) (6) storage requirements (for example, refrigerate) (7) the dosage amount (8) how often to give the dosage.	Health Serv.Coord. Family Advocate Aides & Teachers	On-Going

- | | | |
|---|--|----------|
| 4. Keep all medicine out of reach of children. Store in refrigerator, if required or a locked cabinet.) | Health Serv. Coord
Family Advocate Aides | On-Going |
| 5. Always read labels carefully before giving the medication. | Health Serv. Coord,
Family Advocate Aides,
and Teachers. | On-Going |
| 6. Prepare and give medication out of sight of other children. | Health Serv. Coord.
Family Advocate Aides,
Teachers. | On-Going |
| 7. Designate 2 staff members to give medication (A) teacher (in her absence), (B) teacher aide (train caregiver how to give medication correctly. | Director & Health
Services Coord. | On-Going |
| 8. Keep a medication log stating:
A: child=s name, (2) name of medicine.
B: Dose - date and time given.
C: given by (5) any comments | Teachers & Health
Services Coord. | On-Going |
| 9. Follow guidelines for giving medicines safely: | Health Services Coord.
Teacher Aide | On-Going |
| A. Wash hands thoroughly.
B. Be gentle, yet firm, when giving child the medicine be sure to follow written instructions on how to give medicine, dosage amount, & how often to give.
C. Give medicine slowly and make sure child swallows all of the medicine.
D. Never call medicine “candy”.
E. Make sure you know who the child is (prevent giving medicine to wrong child).
F. Break large pills into smaller pieces if there is a line on the pill (child might get choked on a large pill).
G. Measure exact amount of dosage, shake liquid medicine before pouring if label says to shake. | | |
| 10. Medicine check will be done be caregiver before accepting medication. (See caregiver medicine check form #4) | Teacher & Teacher Aide | On-Going |

CONTENT AREA: Child Health & Safety

SECTION: Early Childhood Development & Health Services

EFFECTIVE DATE: 7/00

POLICY:**Understanding why and what to do when a child bites.**

When a child bites, or has been bitten by another child, there is high emotional response. The feelings of anger, frustrations, and guilt are overwhelming. Biting by a child of any age cannot be tolerated. It is not safe, socially accepted or conducive to a positive setting for children.

Biting is a temporary behavior that is expressed when a child is in a social situation too difficult for him/her to handle. Most biting occurs in toddlers who have limited language skills. Children under two and one-half years bite for a variety of reasons, some are:

- *Teething*-Gums are sore and swollen and biting can feel good to the child. Offer the child a soft toy, teething ring or frozen juice bar as an alternative to biting.
- *Territorial*-The child is protecting his/her play space.
- *Defensive*-A child grabs for another's toy. That child bites because he/she does not have the verbal skills to say NO.
- *Aggressive*- One child bites another because he/she wants his/her toy.

Preschool age children bite less frequently than toddlers. A preschooler usually bites due to total frustration at a situation and lack of skill for verbal expression. Sometimes biting is a play behavior. Occasionally a child responds to stress by biting. Cause of stress may be a move, divorce, or a new sibling.

Action to be taken

- When a child is bitten, it is important to act in a calm, but firm manner while attending to both the biter and the victim.
- If possible, keep both by your side (to help illustrate the seriousness of biting) while you inspect and wash the bitten area with warm, soapy water. Applying ice to the bitten area will also lesson the swelling and bruising.
- Encourage, but do not force the child to comfort the victim with hugs or words.
- After the bitten child is comforted, calmly remove the biting child to a "quiet time" alone. Explain to him/her that "you do not bite", "it hurts", or "biting is not allowed".
- The child who did the biting is "observed" to help understand what may be causing the child to bite so that further incidents can be prevented.

If biting occurs the second time, a parent/teacher conference will be held. If biting continues, temporary exclusion **may be necessary** for the safety of other children in the classroom.

Biting Prevention During Child Care

- Plan activities that allow children to release frustration.
- Provide biting substitutes such as teethers, wet wash cloths, etc.
- Provide age appropriate toys which stimulate interest and decrease frustration or boredom.
- Talk to child about rules for sharing - Praise cooperative behavior.
- Make sure there are an adequate number of toys and ample space for the amount of children.
- Have plenty of adult supervision.

Things we will not do

- Bite the child back.
- Encourage other children to bite the child back.
- Call the child names such as “bad” or “naughty”.
- Discuss the biting with other parents.

CHARACTERISTICS OF A THREE-YEAR-OLD

THE THREE YEAR OLD

Most of the time, the three-year-old is a delight to parents and caretaker. They often try hard to please and to conform. Praise and friendly comments are especially appreciated by children of this age. Generally the youngster becomes more cooperative and enjoys new experiences. They seem to feel more secure within themselves and in their relationships with others. Their sense of humor is developing and they begin to show delight in riddles and practical jokes.

One should not expect complete cooperation from the 3 year old. They still occasionally exert their independence and may revert to less mature behavior. Problems may also occur when the child reaches 3 2 years of age as they often become bossy. They begin, too, to form strong friendships with a few members of their group and may tend to discriminate against the rest of the group. Other problems may arise as they begin to test limits.

The 3 year old's increased language skills help to make life easier for him/her and those around him/her. They can communicate their needs, ideas and questions. This is good, for it is an excellent way for the child to learn new concepts.

Increased motor ability allows daily routines and other necessary activities to be completed with little difficulty. They can be expected to accomplish such skills as;

- walking on tiptoes
- standing on one foot
- hopping on both feet
- riding a tricycle
- climbing down steps
- jumping horizontally 1 2 feet
- building a tower of 6 to 9 blocks
- make a bridge of 3 blocks
- catching a ball
- painting or drawing in vertical, horizontal and circular motions

Small motor skills continue to become more refined. Greater control over the hand and arm muscles are reflected in their drawings, painting, and scribbles. Manipulative toys such as puzzles, pegboard and peg set, pattern block sets, as well as art activities are enjoyable for children at this age. They are much more successful in feeding and dressing themselves.

At three years of age the child's longer attention span makes possible short group experiences such as story time and music time. The child is also able to spend more time at one activity.

The 3 year old usually enjoys playing with others and thus needs the opportunity to play with others of the same age. Sharing is easier now than it was when the child was 2 years of age, but conflicts over personal possessions may still be expected. The amount of time the child spends in dramatic play increases significantly over that of the previous year. They especially enjoy dramatic play related to community and community helpers. This is a period when the child has a strong need for someone to respect and understand his feelings.

CHARACTERISTICS OF A THREE-YEAR-OLD

(continued)

LEARNING EXPERIENCES

<u>Skills and Characteristics</u>	<u>Activities</u>
Increased development of large motor skills	<ul style="list-style-type: none">• Provide opportunities for vigorous free play indoors and outdoors.• Provide opportunities for climbing, jumping, riding wheel toys.• Play follow-the-leader requiring vigorous body movements .
Greater control over small muscles	<ul style="list-style-type: none">• Provide opportunities for free play with blocks in various sizes, shapes.• Provide a variety of manipulative toys and activities such as pegboard and peg sets, tinker toys, puzzles.• Encourage children to dress and undress themselves, serve food, set the table, water the plants.
Increased development of language skills and vocabulary	<ul style="list-style-type: none">• Provide opportunities each day for reading stories to children in a group or individually.• Encourage children to tell stories.• Encourage children to talk about anything of interest.
Beginning to understand number concepts. Usually can grasp concept of 1,2,3. Can count several numbers in series but may leave some out	<ul style="list-style-type: none">• Count objects of interest, i.e., cookies, cups, napkins or dolls. When possible move them as you count. Allow children to count them.• Display numbers in the room. Use calendars charts, scales, and rulers.
Enjoys music and is beginning to be able to carry a tune, express rhythm	<ul style="list-style-type: none">• Provide music activities each day.• Sing songs, create rhythms.• Move body to music.• Encourage children to make up songs.
Curious about why and how things happen	<ul style="list-style-type: none">• Provide new experiences which arouse questions. Answer the questions simply and honestly. Use reference books with the child to find the answers.• Conduct simple science activities:<ul style="list-style-type: none">- what will the magnet pick up?- freeze water, ice cream- plant seeds- make a terrarium- fly kites on a windy day

THREE YEAR OLD CHILD

“I feel more comfortable with myself, and like to please my parents.”

WHAT TO EXPECT

EACH CHILD IS DIFFERENT, but there are behaviors common to most 3 year olds.

HAPPY AND CONTENT - The 3 year old is less rebellious and less demanding than the 2 year old. The 3 year old is more self-confident, and can be content to play by themselves, or can be just as happy with other children or even strangers. Also, they are more willing to please their parents. Temper tantrums are usually less frequent and less intense.

POSITIVE SOCIAL BEHAVIOR - They usually get along well with others, especially because they are learning to share, and take their turn when playing.

BETTER SKILLS - The 3 year-old usually has gained better control over their body, and does not get frustrated too easily. They can handle their toys better, and may be able to dress themselves. They also have better language skills to communicate their needs and feelings, and he can better understand others.

IMAGINATION AND FANTASY - At this age they develop a delightful world of imagination and fantasy. As you can see, the 3 year-old has good reason to be self-assured and cooperative.

BUT REMEMBER - Each child is different. Each child will show more or less of this type of behavior during the third year. Certainly, 3 year-olds can be disagreeable at times; but in contrast with the 2 year-old, he will be generally more cooperative and pleasantly social.

WHAT TO DO

Take advantage of this more cooperative stage. Provide opportunities to help the child develop his or her new skills.

REASONING AND CHOICES - You can reason with the 3 year-old child, and offer choices between two acceptable behaviors. For example, “Would you like to play in your room or out in the yard?” Be careful not to ask for unlimited choices such as, “What would you like to do?” In this case the child could choose several things you really don’t want him to do.

FIRM GUIDANCE - The 3 year-old will usually accept rules that are clear and reasonable. You can be more firm in your expectations, but remember you should also be realistic. The 3 year-old may seem like a little adult, but they are still only children.

CREATIVITY AND IMAGINATION - Playing imaginary games with you 3 year-old is a good opportunity to understand how they think and feel. The 3 year-old may have an imaginary friend- sometimes to blame things on. Recognize the difference at this age between imagination and lying. Explain to your child it is fun to pretend, but let him know you are aware of reality.

CHARACTERISTICS OF A FOUR-YEAR-OLD

THE FOUR YEAR OLD

The four-year-old shows increased control and interest in perfecting improving motor skills. Greater control of small motor skills is markedly expressed in drawings become representational symbols of their world -- a house, person, a flower. The following motor skills may be expected during this period:

LARGE MOTOR SKILLS

- runs on tip toes
- hops on one foot and gallops
- throws a ball overhand
- pumps themselves as they swing

SMALL MOTOR SKILLS

- unzips, unsnaps, and un-buttons clothes, able to dress themselves
- cuts on a line with scissors
- lace shoes
- makes designs and crude letters

The four-year-old may be extremely active and aggressive in their play. Their motor drive is high and they race up and down stairs or around corners, dash on their tricycle or scooter, kick hit and break things. They often are "out of bounds" in their physical behavior, as well as other aspects of their behavior. Their attention span is longer and they will usually finish activities that are begun. They may even spend a good deal of time planning and activity before they begin. With their longer attention span, they can enjoy more group activities. They can listen as well as share in story time and music time.

The imagination of the four year old child is vivid and often seems to have no reasonable limit. Imaginary playmates often become a part of child play. This imagination often carries over into real life through tall tales or alibis.

The child at this age is a great talker. They enjoy serious discussions and asks many questions. Their questions may express interests in details regarding death and the birth process. Their language may range from silly words such as "ooshy-wooshy", "batty-watty" to profanity. Loud, silly laughter may accompany such language. Intellectual skills are demonstrated in classification activities and reasoning ability. The four-year-old may be expected to have a basic understanding of concepts related to number, size and weight, colors, textures, distance, position and time.

Children at this age enjoy being with other children as they are more group-conscious. Pretending to be mothers and daddies, doctors and nurses, grocers and shoppers, policeman and mailmen, are activities which occupy much of their time during free play with other children. Four-year-olds have a strong need to feel important and worthwhile and especially appreciate praise for their accomplishments. They also need opportunities to experience more freedom and independence.

LEARNING EXPERIENCES

Skills and Characteristics

Good balance and body coordination.

Increased development of small and large motor skills

Ability to group items according to similar characteristics

Activities

Provide opportunities each day for vigorous free play.

Provide opportunities for the child to walk a curved line, straight line, balance beam.

Encourage walking with a beanbag on the head.

Games: "See how fast you can hop", "See how far you can hop on one foot", "See how high you can jump".

Provide opportunities to throw balls, beanbags, yarn balls.

Lotto games.

Group buttons as to size and color.

Provide a mixture of seeds. Sort as to kind.

At clean up time, sort blocks by shape. Play rhyming word games.



THE FOUR YEAR OLD CHILD

“I am growing in mind and body. I have lots of energy and curiosity, and tend to be insecure, and can act very immature at times.”

WHAT TO EXPECT

GROWTH PERIOD - The four-year-old is in a growth period of development. They are not settled and secure as the 3 or 5 year-old. Thus, their behavior can change often - at times they can be quiet and shy; and at other times they can be noisy and silly.

BODY SKILLS - They have much physical energy to release. This often causes adults to wonder why the 4 year-old can't just walk quietly instead of running, hopping, skipping or climbing.

LANGUAGE SKILLS - The 4 year-old is very curious and will ask many questions. They are using their language skills. Often they like to play with words, and may repeat silly rhymes, or use “dirty” words for effect.

SENSITIVITY - They are often wrapped up in themselves, and are usually very sensitive to criticism. Also, they may cry frequently; but they are not so sensitive to other people's feelings. They may unthinkingly be cruel and spiteful to others. For example, friends are very important, but at times they may be bossy, call each other names and quarrel often.

OUT OF BOUNDS@ BEHAVIOR - The 4 year-old is not nearly so cooperative as the 3 or 5 year-old. They may show behavior that can be annoying to adults. Besides generally “silly” behavior, they may brag and exaggerate a lot. Also, they are still too young to understand property rights. The 4 year-old may think that whatever they get their hands on is theirs. Adults call this stealing, but the 4 year-old can't quite understand this.

WHAT TO DO

BE MINDFUL that the 4 year-old is still in a growth period which they are learning more body and language skills. It is their fears which cause much of his noisy, boastful and “out of bounds” behavior.

DIRTY@ WORDS upset adults, and 4 year-olds know this. They use such words for effect rather than for meaning the words. It is usually best to ignore such words or to calmly tell the child such words are not used.

LYING AND STEALING- Usually their alibis and exaggerations are not really lying. They have not developed a full conscious to tell the difference. Also, they may try to take things which don't belong to them; this is not necessarily stealing to a four year-old. It is best to explain such things do not belong to them and they must return them.

BE FIRM - Insist that the 4 year-old behaves according to some firm rules and guidelines which are reasonable and fair. But expect some dawdling and complaining as part of the growth period.

ENCOURAGE their development of language skills and imagination by playing word games and non-sense rhymes, and dramatizing with finger puppets.

CHARACTERISTICS OF A FIVE-YEAR-OLD

THE FIVE YEAR OLD

The “Fascinating Fives”, as they have been so appropriately called, tend to be stable, well-adjusted, and reliable. Generally, they are secure with themselves, calm, friendly and easy to get along with. They are highly creative if creativity has been and continues to be encouraged.

At this age, children have gained much control over gross motor skills - to the extent that many large muscle skills are beyond the practice stage and are incorporated into dramatic play. For example; running and tumbling may be skillfully executed while playing Cowboys and Indians. They often enjoy testing their muscular strength and motor skills. It is best, however, if children at this age compete with themselves, for they are not ready for competitive contests. Losing can be a real blow to a 5 year old.

Some new motor skills which may appear during this age are:

- skipping
- performing tricks with their body; i.e., standing on their head
- performing simple fold dances

Small motor coordination continues to develop. The five year old may be able to accomplish:

- copying designs or shapes, letters and numbers
- catching small balls
- handling saws and hammers safely
- printing their name

Five year-olds enjoy each other and show increased cooperativeness their play. They are more sensitive to the needs and feeling of others around them. It is less difficult for them to wait their turn or to share toys and materials. They especially enjoy dramatic play.

Children may be expected to have mastered more work sounds by this age. Sentence structure is usually more complex.

Many five year-olds begin to collect and even classify things. Intellectual growth is shown in their ability to think though and solve simple problems. Intellectual skills which may be demonstrated are:

- identifying a nickel, penny, dime
- discriminating differences in weights, sizes, colors, and textures
- distinguishing right from left
- counting 10 to 20 numbers in sequence
- drawing and using a simple map

A charming characteristic of a five year-old is their growing sense of humor. At this age, they enjoy jokes, nonsense, rhymes, songs and riddles.

LEARNING EXPERIENCES

Skills and Characteristics

Activities

Good sense of balance and body coordination

Encourage body movement with records, stories, rhythms. Skipping to music or rhymes.

A tremendous drive for physical activity

Teach simple folk dances. Provide free play which encourages running, jumping, balances and climbing. Tug of war. Tumbling on mat.

Ability to distinguish right from left

Play games that emphasize right from left. Games can require responses to directions such as "Put your right hand on your nose" or "Put your left foot on the green circle".

Can discriminate between weights, colors, sizes texture, shape

Sorting games. Sort rocks as to weight; blocks as to weight or shape, marbles or seeds as to colors. Match fabric swatches.

Development and coordination of small muscles in hands and fingers

Encourage opportunities to paint, draw, cut, paste, mold clay or play-dough. Provide small peg games and other manipulative toys. Sewing with large needle and thread. Providing carpentry experiences.

Increased understanding of number concepts

Count anything of interest - cookies, napkins, cups, leaves, acorns, trees, children, teachers, books, chairs, tables, bells, drums, cymbals, number of children absent. Identify numbers visible on the calendar, on the clock, on measuring containers and other devices.

Skills and Characteristics

Enjoy jokes, nonsense rhymes, riddles

Enjoys creative, dramatic activities

Activities

Read humorous stories, riddles, nonsense rhymes.

Move a body to dramatize opening of a flower, falling snow, leaves, rain, wiggly worms, snakes, blowing wind.

Dramatize stories as they are read.

Good stories to use are:

Caps for Sale, Three Billy

Goats Gruff, Three Bears.

THE FIVE YEAR OLD CHILD

“I can talk to others, let them know how I feel and what I think. My parents encourage me to learn new skills.”

WHAT TO EXPECT

EACH CHILD IS DIFFERENT, but some behaviors you can expect from the 5 year-old are:

- generally feels more secure and confident than the 4 year-old
- friendly, dependable, and serious
- interested in adult activities
- enjoys the praise of adults
- likes to feel independent
- usually finishes what he starts
- eager to learn (good age for kindergarten)
- gets along well with friends

WHAT TO DO

You can help the 5 year-old learn and succeed by providing learning experiences, and encouraging them to do things on their own.

Talk things over with the 5 year-old, and answer their questions seriously. Don't criticize their mistakes, rather encourage and praise their attempts to succeed.

Relating to other children is important to the 5 year-old. A kindergarten would provide a half day of interaction and testing for their physical and communication skills.

Discipline at this age should include some talking and reasoning. The 5 year-old is more willing to accept your guidance if you make reasonable requests.

“LITTLE THINGS SAY SO MUCH”

How pretty!

I like that!

You did a good job!

A child develops a good feeling about themselves (self concept) when they are in a home or school in which they feel comfortable and secure. We accept the child as they are without trying to make them perfect.

Little things that mothers, fathers, and teachers do, say so much about the children! An atmosphere that gives the child a feeling that they **can do**, rather than they **must do**, will help them learn to accept themselves and others. Encourage and allow for mistakes. Let them know “mistakes don’t count....correcting them is what matters.”

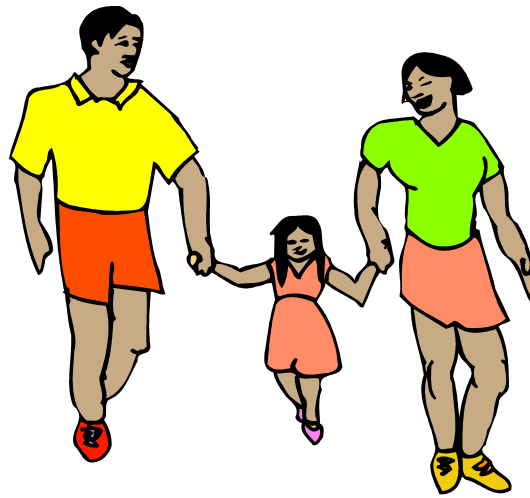
In this kind of home or school a child has a good chance for developing healthy feelings about themselves. Your child deserves this kind of home and school! Their learning will be easier.

If I Had My Child to Raise Over Again

If I had my child to raise all over again,
I’d finger paint more and point the finger less.
I’d do less correcting, and more connecting
I’d take my eyes off of my watch, and watch with my eyes.
I would care to know less, and know to care more.
I’d take more hikes and fly more kites.
I’d stop playing so serious, and seriously play.
I’d run through more fields and gaze at more stars.
I’ do more hugging and less tugging.
I would be firm less often, and affirm much more.
I’d build self esteem first, and the house later.
I’d teach less about the love of power,
And more about the power of love!

Diane Loomans

FAMILY SERVICE CONTENTS AREA



The Family Advocate Coordinator has the responsibility of providing Social Services to Head Start families. These services include:

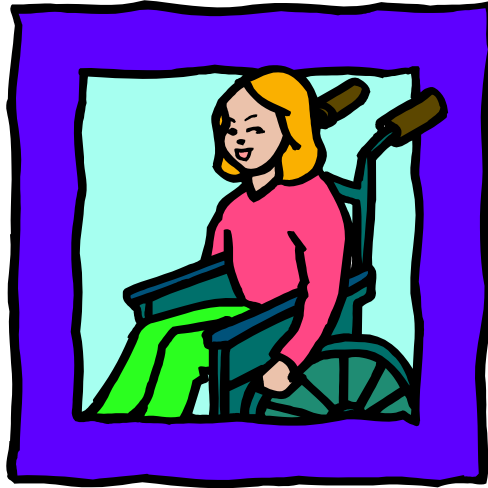
Recruiting and enrolling income eligible children, children's attendance, Family Partnership Agreements.

Helping parents become involved in the program.

Finding or providing resources to help with any family problems (i.e., employment, crisis intervention, information about food stamps, medical assistance, etc.);

Helping each family become aware of community resources and how they are used.

The Family Advocate Coordinator is available to help with many problems or needs. You, as a parent, must take the responsibility of telling us what type of help you may need.



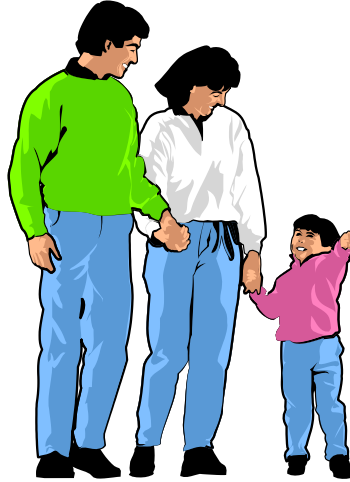
SERVICES FOR CHILDREN WITH DISABILITIES

All children are special, including children with disabilities. All children in Head Start participate in education, health, parent involvement, and social service programs. In addition to these services, children with disabilities can receive therapy, assistive technology, and other “extra” services to help them develop and grow.

Regardless of the severity, children with disabilities are welcome in Head Start.

Any child suspected of a disability, with parents permission, can receive an evaluation by a professional or may come into Head Start with a diagnosis.

If you feel your child may need “**special services**” please contact your child’s teacher or the Disabilities Services/Transition Coordinator.



QUESTIONS AND ANSWERS TO EXPLAIN THE HOME BASE PROGRAM

Where will the Home Visitor teach my child?

The Home Visitor works with the parent and child in the child's home. We give one to one attention to the child and family.

What will I as a parent learn from your Home Base Program?

Ways to teach your child daily in the home.

What will my child gain?

They will learn self-help, social language, thinking and fine gross motor skills.

Will my child have an opportunity to be with other children?

Two times a month families will meet for group socialization. Sometimes we will go on field trips.

How often will the Home Visitor come?

Once a week for 1 1/2 hours.

What will I do to teach my child when the Home Visitor is not there?

The Home Visitor and you will plan each week things for you to do with your child.

How will I know how to teach my child?

The Home Visitor will help you see that daily activities can be a chance for your child to learn. We learn how to use things in the home to teach, like books, empty containers, boxes, old magazines, rocks, leaves, twigs, etc.

Are there other services available for my child?

- A. Health and dental**
- B. Vision, hearing and speech screenings**

QUESTIONS AND ANSWERS TO EXPLAIN THE HOME BASE PROGRAM (CONTINUED)

What services are available for the family?

- A. **Parent Meetings, a means of providing training in areas you may need.**
- B. **Opportunity for referral to mental health professionals, medical specialist and community resource agencies as needed.**

What will my child eat at group socialization?

Nutritious snacks will be served during group socialization. Home visitor will bring nutritious snacks to your home twice a month. She will also share nutrition information and recipes with the family.

What if the parent wants to continue they education?

Head Start can put you in contact with GED/Adult Education classes.

Is it absolutely necessary that I be home each week when the Home Visitor comes?

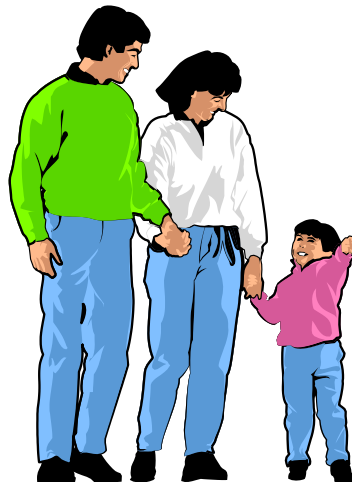
Yes, she must complete a visit each week. During this hour and a half visit, the parent must take part with the Home Visitor and the child.

Will we be doing things at home?

Yes, the Home Visitor will plan with the parent things to do during the week with the child. The parent and home visitor will go over these at the next home visit.

What will I do with my other children while the Home Visitor and I work?

The Home Visitor will work with the whole family and bring activities for the other children to do.



PLAY AND LEARN

The activities at Head Start are planned with definite purpose in mind. Although the subject matter and specified skills taught differ from day to day, the following are general reasons why we include each period and its activities in our program's day:



WE HAVETO:

Roll Call- Give personal attention to each child

- Develop the attitude of concern for children who are sick

Free Activity Time- Become independent in using time and liberty

- Learn self-direction and control
- Care of materials and room
- Share materials, experiences, conversation, and responsibilities.

Group and Individual Activities- Provide directed and free art, science, health, current events, and language experiences.

“Sharing Time” - Encourage shy children to share experiences

- Encourage good listening habits and interest in what others share
- Practice and encourage speech and language skills

Story Time- Lengthen attention span

- Gain knowledge and facts
- Foster a love for books and a desire to read
- Experience the adventures of the characters in the book
- Gain reading readiness skills; left to right; sequence of stories, holding books, etc.

PLAY AND LEARN

(Continued)

WE HAVE TO:

Music/Rhythms- Encouragement enjoyment of singing and learning new songs

- Feel the mood of music
- Clap and play rhythm patterns
- Learn to move with music according to its tempo and in the manner it suggests

Games- Practice good sportsmanship

- Be a leader or a follower
- Learn rules to new games
- Learn physical skills, such as stopping, tagging, stooping

Peg Boards/Puzzles/Blocks- Small finger manipulation

- Large muscle control
- Cooperative planning and construction

- Skills in building

Balls/Jump Ropes/Balance Bean - Increase coordination and physical development

Breakfast/Lunch/Snack- Realize the necessity for and practice good nutrition and eating habits

Plus a whole lot more, that Head Start becomes *Aliving* together successfully in an enriched environment@.



SUBJECT: Parent and Community Complaints

NUMBER: 3404

CONTENT AREA: Program Governance

SECTION: Program Design and Management

EFFECTIVE DATE: August 1, 1996

REVISION DATE:

It is the policy of Community Action Services of Morgan County Head Start Program to provide its parents, volunteers, and community members with the best possible service. Employees are expected to treat all parents, suppliers, and the general public in a courteous and respectful manner at all times.

Employees should always remember that the program's parents come first and each one is entitled to the same thoughtful treatment that the employee would like to receive. Parents should not be treated in a condescending or impolite manner.

When a parent approaches an employee with a question or complaint, the parent should be referred to the employee's supervisor.

Grievance Definition

A grievance is a claim or complaint based upon an event or condition which affects the operation of the Head Start Program.

A grievance might involve alleged safety or health hazards, surroundings, materials or equipment, etc.

Grievance Procedure

STEP ONE: A parent, volunteer, or community member shall present the matter, in writing, to the supervisor of the component involved, to be presented to the Head Start Director. The component head and the Head Start Director then will fully investigate the complaint, involving other appropriate persons as necessary. After full investigation of all the facts relating to the incident, the Head Start Director shall give an answer in writing within five (5) working days.

STEP TWO: If the decision rendered by the Head Start Director is not satisfactory or if the response was not given within five (5) working days, the parent shall have the Head Start Director file the complaint with the Policy Council Chairperson, within three (3) working days.

STEP THREE: The Chairperson shall within ten (10) working days convene a hearing with the full Policy Council. Recesses or continuances may be granted by the request of either party. The Policy Council will fully investigate the complaint, and also consult with the Board of Directors. The Policy Council shall make a written recommendation within five (5) working days following the completion of the investigation. The decision of the Policy Council shall be final regarding the complaint.

REVISION: October 2006

POLICY:

The following guidance on "appropriate dress for Head Start" was developed in response to questions from and discussions with staff. It is provided to all staff to answer in advance many of the frequent questions, and to help avoid unnecessary discomfort or embarrassment at having to deal with questions of appropriateness. The best way to avoid rules and prohibitions is to use good judgment. I hope this helps and makes everyone more comfortable with the issue.

PROCEDURAL APPLICATIONS:

1. Appropriate dress:

It is important to dress in a manner that allows you to interact freely and appropriately with children, and with adults in Head Start homes and communities. *Safety is the key*. You should be able to sit on the floor, play on the playground, get on and off of the bus, paint, eat, make home visits, visit a social service agency, etc. You should not have to worry that your clothes are going to get dirty, that your heels will be ruined in the dirt, that the children can see up your skirt when you sit on the floor, that your clothing is provocative and could be construed as soliciting unwanted attention, etc. As you are making home visits, working in the centers, attending meetings, etc., remember that you are representing the Head Start program and yourself as a professional child care giver.

Full skirts, dresses, split skirts or walking shorts may not be more than one inch above the knee, slacks, knee-length culottes and neat jeans are all comfortable, easy to move in, and professional looking. Leggings or stirrup pants are allowed but should not be tight or should be covered mid-thigh with a large oversize shirt or sweater. Flat shoes, tennis shoes or sports-type shoes, are appropriate. Smocks or aprons are helpful so that you have pens, tissues, rubber gloves, and other needed items close at hand. Smocks and aprons also help to protect your clothing.

2. Inappropriate dress:

Apparel with offensive or rude messages, halter tops or tank tops, tight clothing, low cut blouses (cleavage showing), skirts, dresses or shorts more than one inch above the knee, torn or ragged jeans or slacks. High heels, thongs, or flip-flops are safety hazards and may not be worn. Long, pointed fingernails could scratch a child and should not be worn by classroom staff.

3. Consequences:

The *Director* will determine if the dress is inappropriate. If it is determined that the dress is inappropriate, the following will occur:

1. A warning will given for the first offense;
2. A reprimand will given for the second offense and the employee will be ask to go home(at the expense of the employee) to change;
3. The third offense will result in suspension for one day without pay.

4. No one wishes to be restrictive and/or to have to approve everything each person wears. Use good judgment. Keep safety issues in mind. When in doubt, don't wear it!

**SUBJECT: Use of Corporal Punishment & Isolation
As Disciplinary Measures in Head Start Classroom**

NUMBER: 804.0

EFFECTIVE DATE: August 1, 1996

PAGE: 1 of 1

REVISION DATE:

POLICY:

It is the policy of the CAS/Morgan County Head Start Program to forbid physical punishment or total isolation as disciplinary measures in the Head Start classroom.

PROCEDURAL APPLICATION:

1. Physical punishment or total isolation are not consistent with the Head Start Performance Standards. These standards define goals of increased social competence, establishment of patterns and expectations of sources for the child, and the enhancement of dignity and self-worth within the child.
2. The utilization of corporal punishment or total isolation of the child is not consistent with these objectives and cannot be tolerated in Head Start programs. Isolation in which the child is left totally unattended is unacceptable. If it is necessary to isolate a child from a group, adult supervision will be maintained and the isolation period will be minimal. Performance Standards prohibit the use of meals as punishment, thus isolation at meal time is forbidden.
3. Conduct of pre-school children which disrupts normal classroom activities on a frequent basis may be indicative of physical or emotional problems which the Head Start program must take steps to address.
4. If action is to be brought against an employee for proven violation of Policy 804.0, the Head Start Director will provide a written report to the employee, the Board and the Policy Council Chairperson. A Policy Council meeting will be scheduled to review and vote on the Head Start Director's recommendation for immediate dismissal, pursuant to implementation procedures outlined in Policy 804.0.
5. The aggrieved employee has the right to file a grievance if he/she so desires.
6. Should the Policy Council not concur the recommendation of the Head Start Director, and documentation of the violation is in writing, the Minutes of the Policy Council, and all documentation obtained during the investigation of the complaint shall be forwarded to the Regional Office of the funding source for instruction and guidance.
7. Every employee of the Head Start program will receive a copy of Policy 804.0 upon employment with the program. A signed statement to the fact that this policy has been read and is understood will become a permanent record in the employee's personnel file. This statement will be obtained from each employee at the beginning of each program year, in order to reinforce the severity of the policy.

**COMMUNITY ACTION SERVICE OF MORGAN COUNTY
HEAD START
CHILD DEVELOPMENT PROGRAM**

105 Longview Dr., P.O. Box 179, Wartburg, Tn 37887

Phone: (423) 346-6633, Fax: (423) 346-5739, E-mail: BVANHOOK@Highland.net

“Shaping Our Future, One Child at a Time.”

TO: Head Start Staff
From: Betty Van Hook, Head Start Director
Re: Smoke Free Environment Policy

13.2 Smoke Free Environment

INSTRUCTION: Effective May 1, 1995, all Community Action Services of Morgan County Head Start program sites will be smoke-free.

Because there is considerable evidence that environmental tobacco smoke is harmful to children and adults; and because Head Start has the mission of promoting the healthy development of children and families it serves, it is imperative that all Head Start programs create a smoke-free environment.

Community Action Services of Morgan County Head Start prohibits smoking at all times in all space utilized by the program. This includes classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms (used in the evenings as well as during the day), hallways, outdoor play areas, and vehicles used for transporting children.

Community Action Services of Morgan County Head Start classrooms that share a building with other occupants, must take steps to reduce children=s exposure to smoke from other sources in the building by altering traffic patterns, and/or establishing a “smoke-free zone” around the Head Start site.

This instruction is not intended to prohibit parents from smoking in their own homes during home-based services and home visits.