



AWARE EARLY HEAD START PARENT HANDBOOK



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MY CHILD(REN)'S INFORMATION

Center/Site Name: _____

Phone: _____

Family Advocate: _____ **Phone:** _____

Site Supervisor: _____ **Phone:** _____

Child Name: _____

Classroom Name: _____

Classroom hours: _____

Teacher: _____

Teacher: _____

Child Name: _____

Classroom Name: _____

Classroom hours: _____

Teacher: _____

Teacher: _____

Assistant Director: Glenda Romey Phone: 406-694-8052

EHS Director: Colleen Bosch

Phone: 406-670-7549

THE PURPOSE OF EARLY HEAD START

- To promote school readiness with goals that focus on children’s physical, social-emotional, cognitive and language development
- To support parents as their children’s’ first and most important teacher
- To promote positive parent-child relationships
- To promote family well-being, including health, safety and increased financial security

WHAT YOU CAN EXPECT FROM EARLY HEAD START

- Quality early education in and out of the home, including home visits
- Ongoing child development screening
- Parent education, including parent-child activities
- Comprehensive health services, including services to women before, during and after pregnancy, assistance with well-baby and well-child check-ups; immunization tracking;
- Hearing and Dental screening
- Nutrition education
- Mental health services and referrals
- Ongoing support for parents through partnership development focusing on family and individual goals, referral to agencies in the community to meet specific needs and peer support groups

AWARE MISSION STATEMENT

Helping People Live Independent Lives

AWARE EARLY CHILDHOOD SERVICES CHARTER

To extend experiences to children and families that are strengths-based and rooted in nurturing and responsive relationships. These experiences are guided by innovative, reflective, and evidence-based practices that result in healthy attachments and positive outcomes for children and families.

AWARE EARLY HEAD START PROGRAM GOALS

1. AWARE EHS will ensure families possess protective factors necessary to support and shape resilient families.
2. AWARE EHS will employ a communication system that strengthens family and staff engagement.
3. AWARE EHS will increase community and family understanding of infant and toddler school readiness.
4. AWARE EHS will support a strong, educated, and consistent work force to maximize school readiness.

AWARE EARLY HEAD START SCHOOL READINESS GOALS

The following goals have been aligned with the *Montana Early Learning Standards* and the *Head Start Early Learning Outcomes Framework*.

Approaches to Learning

- Children will regulate own emotions and behaviors
- Children will establish and sustain positive relationship
- Children will use symbols and images to represent something
- Children will use language to express thoughts and needs
- Children will demonstrate phonological awareness

Social and Emotional Development

- Children will use language to express thoughts and needs
- Children will demonstrate positive approaches to learning
- Children will remember and connect experiences

Language and Literacy

- Children will listen to and understand increasingly complex language
- Children will use appropriate communication skills
- Children will demonstrate phonological awareness
- Children will have knowledge of the alphabet
- Children will have knowledge of print and its uses
- Children will comprehend and respond to books and other texts
- Children will demonstrate emergent writing skills

Cognition

- Children will use classification skills
- Children will use symbols and images to represent something not present
- Children will use language to express thoughts and needs
- Children will participate cooperatively and constructively in group situations
- Children will use number concepts and operations

Perceptual, Motor and Physical Development

- Children will demonstrate positive approaches to learning
- Children will demonstrate traveling skills
- Children will demonstrate balancing skills
- Children will use gross motor manipulative skills
- Children will use fine motor strength and coordination
- Children will compare and measure

AWARE EARLY HEAD START PROGRAM OPTIONS

PRENATAL OPTION

- This option is provided to pregnant women and expectant families
- Provides support for prenatal and postpartum care
- Families receive a 90-minute weekly home visit with our home educator who utilizes the **Parents as Teachers (PAT)** curriculum.
- Mothers and fathers receive prenatal education and information on the benefits of breast feeding, what to expect during pregnancy, birth and postpartum, and supports evidence-based parenting skills.

CHILD CARE PARTNERSHIP OPTION

- EHS services are provided within child care facilities partnering with EHS
- EHS assists families with applying for Best Beginnings Child Care Subsidy
- Parents should be in school, in job training or employed for this option
- A full 10-hour day
- Child care tuition assistance
- All services provided by EHS including child development, health, nutrition, mental health, disabilities, and family services

CENTER-BASED OPTION

- A year-round program
- Children attend either 6.5 hours or 10 hours depending on the classroom setting.
- On-going care and child development by qualified teachers providing nurturing, consistent and individualized care and education.
- Support of family's efforts toward self-sufficiency and meeting personal goals.

HOME-BASED OPTION

- The home-based option includes the services provided by Early Head Start: child development, health, nutrition, mental health, family social connections and parent support/education.
- Families receive a 90-minute weekly home visit with our home educator who utilizes the **Parents as Teachers (PAT)** curriculum.
- Activities and materials to promote

BENEFITS TO YOU

- Personal support from caring early childhood educators and specialists to help your child and family be school ready
- Prenatal education for expectant mothers and families
- Screenings of the child's health, development, hearing, and vision
- Referrals to community services to meet each family's needs
- Resources to ensure your child's health, safety, and good nutrition
- Special services for children with special needs
- Support for parents as the most important teacher in a child's life
- High quality, safe school and child care environment

EARLY HEAD START PROVIDES

- Meals/snacks (including bottles and formula)
- Diapers
- Wipes
- Materials and supplies for classroom activities

HOURS OF OPERATION

Regular center hours are 7:30 - 5:30, Monday - Friday. Classroom hours vary by location. One to two Fridays each month the classrooms are closed to children for teacher training and curriculum work. This may vary by location, please confirm annual calendar with your site supervisor.

DROP OFF AND PICK UP PROCEDURES

- ✓ Sign in sheets are located in each classroom or in the EHS office. When dropping off your child in the mornings, please sign your child in.
- ✓ When picking up your child, be sure to sign your child out.
- ✓ Your child will be released only to the parents or person designated on the family's *Authorization for Pick Up* form. AWARE will *only* release your child to that person if the name on the Authorization form and person's personal photo identification match.
- ✓ If it is necessary for your child to be picked up by someone other than those designated, you must notify your child's classroom teacher. A photo ID will be required at the time of pick up.

- ✓ An updated *Authorization for Pick Up* need to be updated and signed at the next parent drop off.
- ✓ Once your child is signed out of the Center and has left the classroom, the parent or person authorized to pick your child up assumes responsibility for the child.
- ✓ When picking up your child, please allow time so the teacher can discuss the child's day with you.
- ✓ It is the expectation of EHS that all children will be picked up by their scheduled classroom ending time **not** the closing time of the Center/Site. In the event of severe circumstances, such as extreme weather or family emergency, we anticipate late parent arrivals of short duration and with parent(s) notifying us of such.
- ✓ If a parent or guardian does not arrive within 10 minutes after the classroom ending time, the teacher will attempt to contact the parent/guardian. If contact with the parent or guardian is unsuccessful, the teacher will call emergency contact(s).
- ✓ **If a child is not picked up within one hour of the classroom closing and parents or emergency contacts cannot be reached, Child and Family Services will be notified.**
- ✓ Children must be transported to and from the center in an appropriate car seat.
- ✓ If you have other children in the car, you must bring them in with you when you check in or out. **You may not leave unattended children in the car.**

TRANSPORTATION

AWARE Early Head Start does not provide transportation services. Family Advocates are available to assist you with locating community transportation resources.

ATTENDANCE

Your child will experience the wonderful opportunities for growth throughout the EHS day. Your child's attendance is critical to participation in these events. Routines, friendships, mealtime, and activities are all designed to promote children's daily growth with the expectation that children will be present on a daily basis.

- If you know your child will be late or absent ahead of time, please let your child's teacher know.
- If your child will be absent for the day, please notify the Early Head Start center/site by 9 a.m.
- If your child misses two consecutive days without notification from the family an EHS Family Advocate will conduct a home visit to discuss absences and plan for regular attendance.
- **For any program option, if chronic absenteeism persists, the child's slot may be considered an enrollment vacancy. Communication is key.**

OPEN DOOR POLICY

All enrolled families are encouraged to visit the classroom and volunteer occasionally or on a regular basis. Parents are welcome to interact with their children during meals and activities as they are able. Please let your child's teacher know how and when you would like to be involved.

PARENT CONDUCT

In order to maintain a stable, consistent, respectful environment that is conducive to learning, parents are expected to abide by the following guidelines:

- All AWARE campuses are **no smoking zones**, including parking lots.
- When providing **behavioral guidance to children at in the AWARE Early Childhood Centers**, parents will use positive methods. The use of corporal punishment (i.e., physically striking a child or inflicting physical punishment) or verbal humiliation is prohibited.
- Parents will treat volunteers, staff, and other parents with **courtesy and respect**. Verbal or physical threats toward staff and/or other parents are unacceptable. Cursing or swearing is not allowed at any time.

- **Conflicts** that arise between adults will be discussed in a calm manner and in a location away from children. Parents will follow AWARE EHS procedures to address un-resolved conflict, see Community/Parent Complaint section.

CELL PHONES

Upon entering the center, we ask parents to silence and pocket their cell phones. Cell phones detract from parent-child interactions while in the classroom as well as disrupt parent-teacher communications. While volunteering in the classroom it causes safety concerns due to supervision and can cause conflicts when children want the phone.

Teachers are also prohibited from using their cell phones during active supervision of children. They may use their phones while on break outside of the classroom.



SUPERVISION OF CHILDREN

Teaching staff always supervise children by sight and sound. Teachers position themselves so that all children should be easily seen by at least one member of the teaching staff. Teachers are aware of and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake. While outside in the play area, staff position themselves so they can supervise all children by sight and sound.

POSITIVE GUIDANCE

Teaching staff foster children's emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter, and affection. Teaching staff function as secure bases for children. They respond promptly in developmentally appropriate ways to children's positive initiations, negative emotions, and feelings of hurt and fear by providing comfort, support, redirection, and assistance. Teaching staff NEVER use physical punishment, never use threats or derogatory remarks, and do not engage in psychological abuse or coercion.

TEACHER-CHILD RATIO

The Early Head Start program maintains a 1:4 Teacher/Child ratio (2 teachers and 8 children). Group Child Care options maintain a 1:6 ratio; 2 adults to 12 children. Teaching staff-child ratios are maintained during all hours of operation indoors, outdoors, and while on neighborhood walks.

TRANSITIONS

Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children. During the course of the day, children remain in their assigned classroom with their assigned teachers.

In the center setting children generally transition into the next room depending on their age, space available, and developmental readiness. When a child transitions from one classroom to the next classroom, the Education Management staff and teachers meet with the parent(s) and an internal transition plan is developed. In a home child care setting, children remain in the same program with the same teacher for the duration of their enrollment.

When a child is within six months of their third birthday, the Family Advocate will schedule a meeting with the family to develop a transition plan for the child when they graduate from Early Head Start. The Family Advocate will support the family in locating preschool, Head Start, or private child care services during this process.

HAND WASHING

To prevent illness, children wash their hands when they enter the classroom, before and after meals, after toileting or wiping their nose, and as needed throughout the day.

All adults, staff, parents, volunteers, and children will wet their hands, rub soap on their hands for 20 seconds, rinse their hands, dry their hands, and use a paper towel to turn the water off. Then dispose of the paper towel without touching the trash can with their hands.

SAFE SLEEP

EHS infants and toddlers are provided an opportunity to rest in a quiet and calm environment. Children are not forced to sleep and are provided alternative calming activities as needed. Parents are encouraged to provide input as to special techniques our EHS teacher can use to help the child rest.

- Cribs, mats and all linen used during napping will be cleaned and disinfected in a manner that prevents spread of communicable disease.
- Children will be placed in alternating head to foot position and 3 feet apart, in order to prevent the face-to-face spread of germs.
- Children will not sleep on an uncovered surface.
- Infants under 12 months will be put to sleep in a crib with NO soft bedding or toys of any kind under or top of the child. Sleep sacks or other sleep clothing will be used as an alternative to blankets with no other covering for infants 12 months and under (per child care licensing rules).
- All infants will be placed to sleep on their backs.
- Sleeping infants/toddlers are continually supervised by sight and sound during napping.
- Each infant/toddler will be assigned their own crib/mat, identified by their name.
- **Children will never be allowed to nap or sleep with a bottle. Infants will always be held for bottle feeding.**
- Linen used on cribs or mats will be washed and changed weekly in addition to any time that the linen is soiled with body fluids or after a child's illness.
- **Children will be moved to a crib or cot if they fall asleep elsewhere.**
- If your infant arrives at the facility asleep in a car safety seat, please immediately remove the sleeping infant from this seat and place them on their back in a safe sleep environment (i.e., the infant's assigned crib).

CURRICULUM

Early Head Start will provide your child with an individualized educational program based upon research-based curricula. Your teacher will ask you for input into the development of goals and activities for your child. A lesson plan will be developed for your child and your child's classroom on a weekly basis. The lesson plan is posted in your child's classroom and is available for you to review.

Our curriculum is based on the philosophy that every interaction and activity is a learning opportunity. AWARE uses the *Creative Curriculum*® to guide us and ensure that we provide these opportunities. *My Teaching Strategies*® is an online system aligned with *Creative Curriculum*® that your child's teacher will use to obtain an ongoing assessment of your child's growth. You will be offered the opportunity to view and share pictures and observations of your child's growth with the classroom teacher by using the My Strategies Parent App.

OUTDOOR TIME

In order to support the growth and development of each child, all our programs incorporate outdoor time into our daily schedules. **Children go outside every day unless the temperature is below 20° or it is raining/blowing or blizzard-like conditions;** this may be in our play yards or on neighborhood walks with their class. **Please make sure your child has the appropriate clothing for outside play:** boots, snow

pants, warm coat, hat, gloves, etc. If you need help obtaining any of these clothing items, please let your teacher or Family Advocate know.

If your child is too ill to go outside, he/she is probably too ill to be in the classroom. Please refer to the *Illness and Exclusion Policy*.

SAMPLE CENTER-BASED CLASSROOM SCHEDULE

| TIME | ROUTINE/ACTIVITY |
|---------|--|
| 9:00am | Arrival/Greeting/Breakfast/ Teeth Brushing |
| 10:00am | Activity/Diapering (Activities include: Art, Sensory, Music/Dance, play dough, baking, reading books...) |
| 10:30am | Outdoor Time and or Self-Guided Play (Teachers are intentionally interacting with children during this time. Centers are set up for children to choose from: Dramatic Play (House, Garage...), Blocks, Music, Art, Library/Quiet Space, Fine Motor/Math (Puzzles, Legos...), Gross Motor, Sensory Play/Science/Nature...) |
| 11:15am | Clean up for Lunch |
| 11:30am | Lunch/Teeth Brushing |
| 12:00pm | Diapering/Story Time |
| 12:30pm | Nap/Quiet Time |
| 2:30pm | Diapers/Self-Guided Play, Outdoors* or Activity |
| 3:00pm | Snack |
| 3:30pm | Goodbyes |

CHILDREN WITH SPECIAL NEEDS

- Early Head Start reserves a minimum of 10% of the enrollment slots for children with disabilities.
- Teachers complete on-going developmental and social/emotional assessments and provide parents with on-going information about your child’s development.
- Identification, referral and evaluation for disabilities are provided when needed through a referral to the local Part C provider.
- EHS coordinates services with the you, the Part C provider and community professionals for children with disabilities including meetings,
- Modifications are provided for children with disabilities, if needed.
- Parents and staff participate in the development of the Individual Family Service Plan (IFSP) as required.
- Program classrooms and playgrounds are evaluated for compliance with the Americans for Disabilities Act (ADA).

PARENT AND FAMILY ENGAGEMENT

Building effective partnerships between EHS staff and parents is essential to supporting children’s school readiness. EHS believes parents are the first and most important teacher in your child’s life. Parents and staff will work together to support the goals you choose for your family and child. You will be offered opportunities to participate in your child’s EHS experience through home visits, family activities, volunteering, parent/teacher conferences and providing your input as to your child’s learning.

PARENT COMMUNICATION

Every effort will be made to communicate daily with families when they drop off and pick up their child. At the end of each day, you will receive a *My Day* report which includes information about the following:

- Any new health developments
- Nap times/duration
- Diaper changes or potty times
- Amount of food eaten
- Teeth brushing
- Any special moments that may have happened throughout the day

Staff will communicate with parents about classroom activities, Parent Committee, center closings, etc. In return, we ask that parents communicate with the classroom teacher any unusual behavior or incident that may have occurred while the child was at home. When teachers are well informed, they can be more intentional with the strategies they use to support your child.

PARENT-TEACHER CONFERENCES & HOME VISITS

Home Visits and Parent-Teacher Conferences are valuable in building respectful relationships with parents and in developing a broad understanding of every child in the program. These home visits and conferences strengthen the parent’s knowledge and understanding of the developmental progress of their child. Head Start Performance Standards require a minimum of **two one-hour home visits** (in the child’s home) and **two parent-teacher conferences per year**. Our staff will arrive to either the home visit or the conference, prepared to share your child’s growth progress, activities we can complete together, and strategies for continued growth. We respectfully request that families are also prepared for these exciting visits by lowering the volume on the television and setting phones aside.

VOLUNTEERS and FOSTER GRANDPARENTS

Our AWARE Early Childhood Centers are very fortunate to have volunteers and Foster Grandparents in our classrooms. Volunteers work under the supervision of a teacher and provide love and guidance to the children in many of our EHS and child care classrooms. You will often see foster grandparents bottle feeding children, rocking babies and reading to our children. Volunteer services include playground clean up, gardening, assembling toys, classroom sanitization, etc. Volunteers complete a background check and are fully immunized before participating in our classrooms.

If you are interested in volunteering for EHS, please contact your Site Supervisor or classroom teacher.

CACFP AND MEALS

- AWARE provides your child with a nutritious breakfast, lunch, and an afternoon snack. Formula and infant foods are provided for children based upon your child’s age and nutritional needs.
- Breastfeeding mothers may supply breast milk. Space is provided for nursing mothers if needed.
- Menus are posted in each center for the current and next week.
- We serve meals family style, modeling meals at home.
- Children are introduced to new foods and new tastes.
- Children eat at their own pace while enjoying pleasant conversation with the staff and other children.
- Children learn self-help skills as they clear their own dishes and utensils after the meal (as age appropriate).
- Children practice motor skills as they learn to serve themselves and pass food dishes.
- Children practice social skills as they learn to politely turn down foods, take turns, and share.
- Children brush their teeth at least once during the classroom day, following a meal.
- We would love to know your family meal traditions and encourage you to share with our nutrition staff.
- AWARE Early Head Start participates in the Federal USDA Child and Adult Care Food Program (CACFP).

SPECIAL DIETARY NEEDS

Arrangements for children with special dietary needs will be made if the *CACFP Dietary Restrictions* form is filled out and for children under 18 months the *Infant Feeding Schedule* is updated. If the child has a

food allergy, documentation from your child’s physician stating the child’s limitations and appropriate substitutions must be included with the medical provider’s signature. Our Health Coordinator will provide you with the necessary forms.

CELEBRATIONS & HOME-MADE FOOD

Due to health concerns including allergies, food sensitivities and nutritional content, we do not allow parents to bring in home-made food/treats to distribute to the children.

WELL CHILD CHECK-UPS

The Health Coordinator will work with parents and health care providers to ensure children’s well child check-ups and immunizations are current according to the Montana Early and Periodic, Screening Diagnosis and Treatment (EPDST) guidelines.

Well Child Check-up Schedule

| | | | |
|------------------|------------------|------------------|------------------|
| 3-5 days | 1 Months | 2 Months | 4 Months |
| 6 Months | 9 Months | 12 Months | 15 Months |
| 18 Months | 24 Months | 30 Months | 3 Years |

Please have your doctor complete the *Well Child Check-Up and Immunizations* form whenever your child has an update. Provide all immunization and check-up documentation to the EHS Health Coordinator.

IMMUNIZATIONS

In accordance with MT Child Care Licensing, children who are not current on the required immunizations will be excluded until they have caught up or have completed the appropriate paperwork. In rare instances a conditional attendance form can be filled out by your child’s health care provider. This allows the child who is missing more than one in a series of immunizations to attend child care while they are getting back on the correct immunizations schedule. This form must be filled out by a health care provider and is only complete when the “catch up” schedule has been determined and scheduled. Any missed appointments will result in the child being excluded from attending our program.



MONTANA VACCINE REQUIREMENTS FOR CHILD CARE ATTENDANCE

| By 3 Months | By 5 Months | By 7 Months | By 16 Months | By 19 Months | By 6 Years | By 12 Years |
|-----------------------|------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-------------------------------|
| DTaP 1 dose | DTaP 2 doses | DTaP 3 doses | DTaP 3 doses | DTaP 4 doses | DTaP 4 doses ³ | Tdap 1 dose ⁴ |
| Hepatitis B 1 dose | Hepatitis B 2 doses | Hepatitis B 2 doses | Hepatitis B 2 doses | Hepatitis B 3 doses | Hepatitis B 3 doses | Hepatitis B 3 doses |
| Hib 1 dose | Hib 2 doses | Hib 2 or 3 doses ¹ | Hib 3 or 4 doses ¹ | Hib 3 or 4 doses ¹ | Not Required after 5 years of age | |
| Polio 1 dose | Polio 2 doses | Polio 2 doses | Polio 2 doses | Polio 3 doses | Polio 3 doses ³ | Polio 3 doses ³ |
| PCV 1 dose | PCV 2 doses | PCV 3 doses | PCV 4 doses ² | PCV 4 doses ² | Not Required after 5 years of age | |
| | | | MMR 1 dose ⁵ | MMR 1 dose ⁵ | MMR 2 doses | MMR 2 doses |
| | | | Varicella 1 dose ⁵ | Varicella 1 dose ⁵ | Varicella 2 doses | Varicella 2 doses |

Please have your doctor complete the *Well Child Check-Up and Immunizations* form whenever your child has an update. Provide all immunization and check-up documentation to the EHS Health Coordinator.

LEAD TESTING

Children's rapidly developing bodies absorb lead more readily than adult bodies. This combined with children's natural exploration of their surroundings makes them especially vulnerable to lead poisoning. The most common lead exposure for children is from lead-based paint, which was commonly used in homes prior to 1978. Children may also be exposed to lead through consumer products, toys, and parents' hobbies. For the health and well-being of children, **Head Start Performance Standards** requires children have a **lead test at 12 months and another one at 18 months**. If you are having difficulty locating a community medical profession who will provide the lead testing, please contact the HES Health Coordinator who will assist you to complete lead testing.

SCREENINGS

Developmental screenings (ASQ-3 and DECA) are conducted within 45 days of enrollment.

- ASQ-3 (Ages and Stages Questionnaire): an overall developmental screening that looks at areas of communication, fine and gross motor, problem solving and social emotional development.
- DECA (Devereux Early Childhood Assessment): a short survey of social emotional skills to assess children's resiliency.
- Dental screenings provided annually.
- Vision screening provided annually.
- Audiology screenings provided annually.
- Parents will be notified of screening dates and results will be shared with parents in a timely manner.

EHS IN-KIND or NON-FEDERAL SHARE

Early Head Start programs are funded by the federal government. We are required to match/raise 20% of our funds through volunteer support and donations. The 20% match is called *in-kind* or *non-federal share*. Each year, we must document earned In-Kind. If we do not raise the required amount our funding may not be renewed for the following year.

What Qualifies as In Kind? Any donated time, service or item that the program would normally pay for.

- Attending monthly Parent Committee meetings when ideas for EHS classrooms are discussed
- Serving on Policy Council
- Donating items or food for program activities
- Helping with activities that benefit EHS children and families
- Volunteering in the classroom
- Completing the *At Home In-Kind Activities* that are handed out and collected monthly

EARLY HEAD START GOVERNANCE

POLICY COUNCIL

AWARE EHS believes parents are our most valuable resource, as parents and also as resources to us as we develop our services. Annually EHS parents nominate and elect EHS parents to participate on our Policy Council. Policy Council is an opportunity for you to participate in decision making areas of our program such as the annual budget, program planning, personnel, policies and procedures. Policy Council members are trained in their responsibilities and then meet monthly with program staff to discuss program events, needs and requirements.

Please consider nominating yourself or another EHS parent for this important role. Your Family Advocate is available to address any questions or concerns you may have.

AWARE BOARD OF DIRECTORS

As the governing board for the organization, the AWARE Board of Directors has the administrative and fiscal responsibility for the Early Head Start program. One member of the Board of Directors serves as a liaison to the Policy Council.

EARLY HEAD START PARENT COMMITTEE

Every parent/guardian who has a child currently enrolled is a member of the Parent Committee. Parents meet once a month. Activities for the Parent Committee may include:

- Planning, conducting, and participating in programs and socialization activities
- Supporting overall program development and implementation
- Making recommendations for improvement of the program
- Designing activities that will strengthen the skills of parents

Watch for classroom alerts notifying you of Parent Committee planning and meeting times.

MANDATORY CHILD ABUSE AND NEGLECT REPORTING

Under Montana law, if any AWARE staff member has reason to suspect that a child may be abused or neglected, they must report their suspicion to the local Department of Family Services. All new employees are trained on child abuse and neglect identification and reporting during orientation.

CONFIDENTIALITY OF RECORDS

All documents, forms, and records regarding AWARE's enrolled children and their families are kept in a locked computer, file or office when not in use by the staff. Parents may authorize release of information to doctors, therapists, schools etc., by signing a release form. Parents must provide written permission/releases for the following:

- EHS staff requesting services from other agencies
- Use of your child's photograph for publicity purposes
- Consents for EHS required screenings such as dental, vision, hearing

SOLICITING

Parents/Community Members may not solicit for any purpose or engage in the distribution of literature of any kind when on AWARE premises (including parking lots).

STAFF RELATIONSHIPS WITH PARENTS

To assure orderly operations and to provide the best possible work environment, AWARE expects its employees to follow rules of conduct that will protect the interests and safety of all employees, the employer, and those served.

- AWARE staff may not interact, socialize, or otherwise contact parents during off-duty hours (this includes caring for children outside of the child care setting),
- AWARE staff members **MAY NOT** be *Facebook* (or other social media) friends with parents while their children are enrolled in AWARE Early Head Start without permission from the Director.
- AWARE staff **MAY NOT** share their personal phone numbers with parents for calls and text messaging without the Director's approval. Parents are to contact staff using the center phone or work email.
- AWARE staff **MAY NOT** accept a personal gift, gratuity, or favor from a parent.
- AWARE staff **MUST FOLLOW** confidentiality policies and may not share information about children, families, and other staff members.

COMMUNITY/PARENT COMPLAINT

We hope that no family enrolled in EHS ever has reason to be unhappy with our services, but sometimes people have different opinions about services, policies or procedures and miscommunications occur. The following information is intended to encourage open, helpful communication as a first solution to the identified concern. We want to partner with you to identify possible solutions to the issue.

Please remember, the first place to start with expressing your concern or frustration is with your child's teacher. Ask questions, respectfully express your concerns, ask for explanations. If you are still not satisfied, please consider the following steps:

Community members and/or parents/ guardians may present complaints about the AWARE programs or a staff member. The Community Complaint procedure may be used when the complainant feels that AWARE Early Childhood's policies have been violated.

Appropriate cases might include alleged:

- Unfair or arbitrary application of enrollment policy
- Violation of AWARE or Head Start policies and procedures
- Inappropriate practices with children
- Suspected abuse
- Breach of confidentiality
- Unethical conduct
- Discriminatory actions

Complaints should first be brought to the program's Director or Site Manager. Most complaints can be resolved by informal discussions between the complainant and the program leader. There will be no retaliation against a complainant or their child for using the complaint procedure.

AWARE EARLY HEAD START POLICIES AND PROCEDURES

DIAPERING AND TOILET LEARNING POLICY

In an effort to provide a safe, sanitary, and a discreet environment for diapering and changing soiled clothing, toileting and diapering areas must be separated from areas used for cooking, eating, and children's play/activities. A copy of the diaper changing procedure is posted in each room near the diaper changing table.

Children over 18 months will be supported in toileting, but intentional toilet training will not begin until 24 months as per MT Child Care Licensing. Teachers will meet with parents to discuss the child's readiness and develop a plan to encourage and guide children 24 months and older to learn toileting skills and help them to become independent and self-sufficient. For health and safety reasons the following toilet-learning vocabulary will be used at during diapering/toilet learning: *BM (bowel movement), Wet, Pull-ups, Potty, Dry Bottom, Penis, Vagina, Panties, Private Parts, Underwear, Panties*. It is important that children can correctly identify their body parts to their parents, caregivers, and medical providers.

As part of the Early Head Start program diapers are provided during the day while they are in attendance.

Diapering Procedure

1. Diapers are changed when wet or soiled. Infants' diapers will be checked/changed at least every hour when awake and when they awaken from a nap.
2. Toddlers and Preschoolers will be checked/changed at least every two hours when awake and when they awake from a nap.
3. Staff will document the time the diaper was changed and whether it was wet, bowel movement, or both. Staff will also document if the child had a rash or if diaper cream was applied.

Toilet Learning Procedure

1. No child under 18 months of age will start formal toilet learning. The child must be physically, socially, emotionally, and verbally ready.
2. It is recognized that toilet learning is a gradual process and works best when staff and parents work together using POSITIVE and CONSISTENT approaches. Parents and staff will together determine if the child is ready to begin toilet learning.
3. If the child has more than five wetting episodes a week after three weeks of toilet learning, staff and parents will meet to re-evaluate whether the child is ready.

HEALTH AND DENTAL EMERGENCIES

In emergency situations, EHS direct service staff members will be prepared to act quickly to ensure the health and well-being of each child. To ensure timely evaluation, treatment and documentation of a medical or dental accident or emergency, staff will ensure that all accidents are managed using proper first aid and reporting procedures. Parents and/or medical provider will be notified of an injury in a timely manner. All AWARE EHS direct service staff members are required to maintain current first aid and pediatric CPR certification.

AWARE EHS Procedure

1. Emergency health and dental procedures will be documented in the EHS Parent Handbook and be reviewed with parent/guardian by EHS staff at initial home visit.
2. Staff First Aid and CPR certification is provided by the AWARE training staff. Individual documentation is noted in ChildPlus.

First Aid provided by EHS staff member (minor health injury/illness):

1. An accident will be defined as any incident that leaves a mark, such as: bruise, scratch, and bump, on a child that requires EHS staff evaluation or first aid. Parent will be contacted for input into further medical assessment, when indicated.
2. Medical assessment and intervention will be performed as outlined by the American Heart Association, First Aid and CPR requirements and as per AWARE policies and procedures.
3. An Incident/Illness Report will be filled out on each child that is injured by the EHS staff member performing first aid within 24 hours and scanned to child's file in Child Plus. The information will include all contact with parent/guardian, injury/illness, first aid given, injury description, and witnesses present. A copy incident/illness report will be given to the parents.

Emergency Medical Assistance Required (serious health injury/illness):

1. **NEVER** leave an ill or injured child or staff person alone. Remain calm and reassure the victim. Stay at the scene and give immediate First Aid as necessary. Send someone to bring another adult to the scene. Do not move a severely injured or ill person except to save a life.
2. Seek medical assistance from:
 - a. Emergency Medical Services Dial 9-1-1*
 - b. Preferred medical or dental provider listed on the *Child Release & Emergency* form.
 - c. Poison Control Center - 1-800-222-1222
 - d. Give all important information slowly and clearly:
 - Your name
 - Your address
 - The child's age
 - The nature of the problem

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

3. Parents will be notified immediately when an injury requires immediate medical provider intervention.
4. With guidance from trained emergency personnel, arrange for transportation of the injured person by parent, ambulance or other emergency vehicle **.

Early Head Start employees never transport Early Head Start Children in a medical emergency!

5. If child is transported by emergency personnel, send or take the *Child Release & Emergency Contact* form with the child to emergency medical care facility.

****Emergency Ambulance Transportation (911) is needed for but not limited to:**

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

- Allergies requiring epi-pen usage
 - Any other situation that is life threatening
6. Be sure that an EHS staff member stays with the child until child's parent takes over. This will require accompanying the child in the ambulance if necessary. Make sure the EHS class ratio is maintained - 2 staff members to 8 (center)-12(family/group) children.
 7. Notify the EHS Center; administrative staff will make notification of emergency contact to pertinent EHS management staff, including health specialist, education manager and EHS Director.
 8. **Do not give any medications unless directed to do so by the Poison Control Center or emergency physician.**
 9. An Incident/Illness Report will be filled out on each child that is injured by the EHS teacher within 24 hours and scanned to child's file in Child Plus. The information will include all contact with parent/guardian, injury/illness, first aid given, injury description, and witnesses present. A copy incident/illness report will be given to the parents.
 10. Accidents causing injury to a child which result in the child being hospitalized, requiring ambulance transport or intervention, or physician treatment must be reported to the appropriate local office of the child care licensing department within 24 hours. ARM 37.95.183(5) *A notation of all injuries must be made in the child's medical record. ARM 37.95.183(6)

Emergency Dental Procedures

Type of Injury

First Aid

Toothache

Rinse the mouth vigorously with warm water to clean out any debris. If swelling is present, place towel wrapped cold compress to the outside of the cheek. Do not use heat. Call the parent to take the child to the dentist.

Object Wedged

Do not try to remove the object, call the parent to have child taken to dentist or physician immediately.

Knocked-Out Tooth

Place tooth in clear tap water or wrap in a clean wet cloth. Do not clean the tooth. Call the parent to take the child to the dentist immediately.

Broken Tooth

Try to clean dirt or debris from injured tooth with warm water. Place towel wrapped cold compress on face next to the injured tooth to minimize swelling. Call parent to transport child to the dentist immediately.

Bitten Tongue

Using protective gloves, apply direct pressure to the bleeding area with sterile gauze. If lip is swollen apply cold compress. If bleeding doesn't stop readily or if bite is severe, call 911 to transport child to hospital emergency room immediately.

or Lip

Fractured Jaw

If fracture is suspected, immobilize jaw (triangular bandage, handkerchief, towel) and call 911 to transport the child to the hospital emergency room immediately. Suspect neck or spinal injury.

1. Parent will be contacted for input into further dental assessment, when indicated.
2. Notify the EHS Center; administrative staff will make notification of emergency contact to pertinent EHS management staff, including health specialist, education manager and EHS Director.
3. An Incident/Illness Report will be filled out on each child that is injured by the EHS teacher within 24 hours and scanned to child's file in Child Plus. The information will include all contact with parent/guardian, injury/illness, first aid given, injury description, and witnesses present. A copy incident/illness report will be given to the parents.
4. Accidents causing injury to a child which result in the child being hospitalized, requiring ambulance transport or intervention, or physician treatment must be reported to the appropriate local office of the child care department within 24 hours. ARM 37.95.183(5) *A notation of all injuries must be made in the child's medical record. ARM 37.95.183(6)

MEDICATION POLICY

AWARE Early Childhood Services has medication policies and procedures that **MUST** be followed to ensure the safety of children receiving medication and to protect the staff administering the medication from unnecessary error.

Medication should be given at home whenever possible. Under certain circumstances it may be necessary for medications to be administered to a child during the day. The parent will also be encouraged to come to the classroom to give the medication during lunch/breaks. If that is not possible, designated AWARE staff will administer medication to children for whom the Medication Administration Procedures have been followed and the Medication Authorization form has been completed and signed by the parent.

When a child requires medication to be administered while in the classroom setting, a parent must make arrangements to give the first dose at home so the child may be observed for any reactions to the medication. Prescription medication requires the original container and prescription label and form *DPHHS-QAD/CCL-121* to be signed by the child's health care provider. Non-prescription medication (Tylenol, itch cream, etc., also requires medication authorization form *DPHHS-QAD/CCL-121* to be filled out but may be signed by the parent.

Medications are to be given only to the child indicated on the label; siblings cannot share medication. A separate Medication Authorization form is required for each medication and each episode of illness.

ILLNESS and TEMPORARY HEALTH EXCLUSIONS

The most important reason for exclusion is the ability of the child to participate in activities and the staff to care for the child without compromising the **health and safety** of other children.

(National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs)

- Parents will be notified when a child exhibits symptom described in Chart 1 (found on the following page).
- After notification, children **must be picked up within one hour**. Parents must have a second contact in case they cannot be reached. If a parent is going to be out of town, notify the staff at drop-off **where** you will be and **when** you plan on returning.
- **If required documentation of the doctor's evaluation must be submitted at/before drop-off.**
- A child who has a fever 104° or higher **should NOT be medicated with Tylenol (or other brands)** and brought to the classroom. Please have your child evaluated by a doctor.
- No medication will be given to your child without medications forms being completed and written instructions from the child's doctor if it is required (see medication administration policy below).
- In accordance with MT Child Care Licensing, we do not administer medication for teething. We use other soothing methods where appropriate (teething rings, cool wash cloth, etc.)
-

Keep Me Home If...



When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.

**Chart 1: AWARE Early Head Start
EXCLUSION FOR HEALTH REASONS**

REGULATION REFERENCES:

Montana Day Care Facilities, Health Care Requirements 37.95.139
Head Start Performance Standards 1302.47 (b)(4)(i)(B)

| Condition/Symptom | Parents will be notified | When child may return |
|---|---|--|
| Blood in stool/vomit | Immediately | Doctor Evaluation & Note to Return |
| Vomit (green or bloody); with fever; with no urine output in 8 hours; Recent history of head injury | Immediately Vomit only 2 or more times in 24 hours | When vomiting ends (without fever for 72 hours) |
| Abdominal pain - severe causing child to scream; Pain after injury; With bloody/black stool; Diarrhea; Vomiting; Yellow skin/eyes; Fever with behavior change | after two hours or intermittent pain associated with fever or other signs or symptoms of illness | When pain resolves When exclusion criteria are resolved |
| Diarrhea Stool is not contained in the diaper, is causing “accidents” for toilet trained children; Color is abnormal; increased water in stool, Jaundice (yellow skin or eyes); Fever with behavioral changes | Immediately Immediately Or If stool exceeds 2 or more times in 2 hours, above that child’s “norm” | Diapered children can contain stool, even if loose Toilet trained children have no “accidents” Diarrhea with fever or bloody stool -Doctor Evaluation & Note to Return for possible contagious infection |
| Earache/pulling on ears with fever and behavioral changes | Immediately-fever 100.4 ⁰ After two hours of observed behavior without fever | Doctor Evaluation & Note to Return On antibiotics for at least 72 hours as prescribed. |
| Cold Symptoms with fever and change in behavior; difficulty breathing, blood red or purple rash without injury, meets other exclusion criteria | Immediately | When exclusion criteria are resolved |
| Eye redness/swollen red The child meets other exclusion criteria OR 2 or more children have runny, watery eyes at the same time without known chemical irritant exposure exclusion may be required | Immediately - recommended to take to doctor | For Pink Eye- once parent has discussed with doctor if antibiotics may or may not be needed. |
| Verified Fever (100.4 ⁰ or higher) | Immediately | No fever for 72 hours without medication use. |
| Sore throat with inability to swallow, Excessive drooling, Fever with behavior change or with other exclusion criteria | Immediately | Strep throat or Scarlet Fever) Doctor Evaluation & Note to Return on antibiotics for at least 24 hours. Able to swallow. Other exclusion criteria met |
| Itching -notify parent | Immediately-Chicken Pox; Scabies, and Impetigo End of Day-Ring worm and head lice | Chicken Pox; Scabies, and Impetigo-Doctor evaluation and documentation of treatment and time requirement met usually at least 24 hours. Ring worm and head lice- once treatment has been received. |
| Mouth Sores with steady drooling related to the sores or with other exclusion criteria | Immediately | When exclusion criteria are resolved |
| Severe Dehydration (Poor food/fluid intake, no wet diapers, lethargic, and sunken soft spot on infants) | After three hours of observed behavior | Doctor Evaluation & Note to Return and when child is able to participate in classroom activities |
| Seizure | Immediately | Doctor Evaluation & Note to Return |

| | | |
|---|-------------|---|
| Rash with fever and behavior; oozing/open wound; bruising without injury; joint point; tender, red, especially if increasing in size per tenderness | Immediately | Doctor Evaluation & Note to Return on antibiotics for at least 24 hours if indicated. Exclusion criteria are resolved |
| Skin infections | Immediately | Doctor Evaluation & Note to Return and on antibiotics for 24 hours if prescribed; must be able to participate in classroom activities |
| Difficulty or noisy breathing with fever; difficulty breathing; blood red or purple rash not associated with injury | Immediately | Doctor Evaluation & Note to Return Exclusion criteria are resolved |

Confirmed case of COVID 19 May not come to the center, if already present, must leave immediately.
 At least 72 hours have passed SINCE RECOVERY defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g. cough, shortness of breath); AND at least 7 days have passed since symptoms first appeared.
 **May 15, 2020. Illness Short Term Exclusion procedure updates by EHS Health and Wellness Staff and Leadership to contain guidance outlined in EHS new COVID-19 POLICY.

AWARE EARLY HEAD START COMMUNITY/PARENT COMPLAINT FORM

| | |
|--|--|
| <p><i>The Community/Parent Complaint procedure may be used when the complainant feels that AWARE Early Childhood policies have been violated. Appropriate cases might include alleged:</i></p> <ul style="list-style-type: none"> • <i>Unfair or arbitrary application of enrollment policy</i> • <i>Violation of AWARE or Head Start policies and procedures</i> • <i>Inappropriate practices with children</i> • <i>Suspected abuse</i> • <i>Breach of confidentiality</i> • <i>Unethical conduct</i> • <i>Discriminatory actions</i> | <p><i>Responsibility of Person Filing a Formal Complaint</i></p> <ol style="list-style-type: none"> 1. <i>The person filing the complaint will put his/her complaint in writing</i> 2. <i>The complaint must be specific and describe conditions or circumstances of the concern.</i> 3. <i>The complaint must include information on how to contact the person making the complaint. The complaint should be sent to one of the following:</i> <ol style="list-style-type: none"> A. <i>Complaints regarding concerns of a local nature, including those that pertain to center staff, should be sent to:</i> <i>Colleen Bosch, Director</i> <i>3242 Hesper Road</i> <i>Billings, MT 59102</i> B. <i>Complaints regarding the AWARE Early Head Start Director should be sent to:</i> <i>Melinda Edwards, ECS Director</i> <i>Early Childhood Services</i> <i>2300 Regent, Suite 103</i> <i>Missoula, MT 59801</i> |
| Complainant's Name: | Mailing Address: |
| Phone Number: | |
| Date of Complaint: | Date of Incident: |
| Describe Complaint: <i>(Provide a detailed description of the problem. If staff are involved in the complaint please indicate the names)</i> | |
| How can we help resolve this problem? | |