



Community Action Partnership of Strafford County Early Childhood Education Program

FAMILY HANDBOOK
2023-2024





Preparing children to succeed.

Dear Families!

What an exciting time in your child's life! Because each child is special, we at Community Action Partnership of Strafford County – Early Childhood Education Program (CAPSC-ECEP) will do our best to see that your child's experience will be a time for learning and growing. Families are a very important part of our program, and we look forward to forming a close working relationship with you. We are happy to have your family in the CAPSC-ECEP!

This Family Handbook is designed to provide you with information about Head Start, Early Head Start and the Early Childhood Education Program and the important role you play in your child's experience. You are your child's first and most important teacher. Working together as a team, we will provide the support your child needs to succeed in school and in life. The program strives to enable guardians to be better caregivers and teachers for their children, as well as assist guardians to meet their own goals, including economic independence.

We take great pride in our classrooms and the services we provide to your child and family. At CAPSC-ECEP, you will find we take a whole family approach to meeting the education needs of your child ages birth to 5. Whether it is health screenings, hearing and dental exams, or basic educational assessments, we hope you find that we support the potential of our students by addressing every aspect of their educational, physical, mental, and social needs.

Please read this handbook and become familiar with our policies and procedures. Keep this handbook in a safe place so that you can refer to it as needed.

Let us know if you have any questions, our doors are always open.

Sincerely,

The Early Childhood Education Team

Community Action Partnership of Strafford County

Mission, Vision, and Values

Mission:	To reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships.
Vision:	To eliminate poverty
Values:	Communication, Collaboration, Client – Focus, and Accountability

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What is Head Start?

Head Start is a kindergarten readiness program of the United States Department of Health and Human Services. It provides comprehensive education, health, nutrition, and parent engagement services for children and their families while utilizing the whole family approach.

Head Start Program Performance Standards give a framework for how we provide services for eligible children and families in Strafford County, New Hampshire. Each Head Start Program in the country is required to follow these standards when creating programming.

Handbook Terms

In this handbook, the term “Head Start” refers to the following programs:

Early Head Start (EHS)

- Home Visitor: Home Visitors provides weekly visits in the home to facilitate healthy parent-child interactions as well as providing support in becoming more self-sufficient. We provide support to pregnant mothers to ensure healthy pregnancies and prenatal care.
- Center-Based: Center-Based care offers a unique form of care for infants and toddlers by assigning one teacher to only four children. It provides the necessary resources to nurture the continued growth in children physically, cognitively, socially, and emotionally.

Head Start (HS)

- Center Base: quality preschool for 3-5-year-old children that helps prepare children for their transition to kindergarten. The program follows the school calendar for vacations and holidays, unless otherwise notified. Families of children enrolled in the program receive two home visits by Teachers and regular visits throughout the year by Family Advocates.
- Family Advocate: Each Head Start family will be assigned a Family Advocate. You will meet them after your child’s acceptance and before entering the program as they complete your enrollment package. After enrollment, they will be contacting you to set up a home visit. They will sit down with you to discuss the goal-setting process and how it will benefit your family. You will see them frequently in the classroom and will be in constant communication for any family needs.
- Wraparound Childcare: Quality before and after school program offered to families based on need. Parents who are working, in school or involved in job search may apply for the New Hampshire Child Care Scholarship through DHHS.

Early Childhood Education (ECE)

- Early Childhood programming integrated into Head Start Classrooms that serve community children for a fee, located in Dover and Farmington. Requirements for Head Start may not apply to ECE families.

The term “family” refers to all people that may play a parenting role with a HS/EHS child. This includes fathers, mothers, grandparents, caregivers, LGBTQ (lesbian, gay, bi-sexual, transgendered, and questioning) parents, guardians, expectant parents, teen parents, and families with diverse structures that include multiple relationships and significant others.

Parent Rights and Responsibilities

- ✓ To be welcomed in the center or classroom during all program hours and be treated with respect and dignity.
- ✓ To be informed regularly about my child's progress.
- ✓ To actively participate in my child's education.
- ✓ To be available for and take part in scheduled home visits.
- ✓ To ensure my child attends daily (center-based programs).
- ✓ To treat children, staff, and other families with respect and dignity.
- ✓ To take part in policy decisions affecting the planning and the operation of the program.
- ✓ To help plan parent activities to enhance daily living for families.
- ✓ To receive information about community resources, agency activities, and program planning.
- ✓ To apply and be considered for appropriate staff positions.
- ✓ To participate in Parent Meetings and Policy Council Meetings.
- ✓ To attend parent training whenever possible.

Head Start's Commitment to Parents

- ✓ To be treated with dignity and respect.
- ✓ Provided the opportunity to form a family partnership agreement, set personal and family goals, and develop plans to achieve these goals.
- ✓ Provided both home visits and parent conferences to discuss their child's overall progress towards school readiness.
- ✓ Welcomed in the classroom and encouraged to volunteer throughout the program.
- ✓ Provided information and referrals through community resources dealing with health, education, and self-sufficiency.
- ✓ Provided opportunities to participate in program governance activities such as Parent Committees, Health services advisory committee, and Policy Council.
- ✓ Provided the opportunity to attend various training courses during the program year.

Records & Confidentiality

Safeguarding the confidentiality of information in the records of families is mandatory. To protect the privacy of parents and their children, all records are kept in locked files. Information in these files will not be shared outside of The Community Action Partnership of Strafford County Agency, with any public or private agency or any individual, other than parents/legal guardian, without the written consent of the applying parent or upon court order.

Applying parents/legal guardians have the right to review and inspect all material in the files related to their children and themselves. Non-applying parents have the right to receive and/or review child specific information only. All staff sign a Confidentiality Policy at the beginning of each program year.

Mandatory Reporter Statement

All ECEP staff are Mandatory Reporters and must immediately notify the Department of Children, Youth and Families with any concern of child sexual abuse, physical or mental abuse, denial of critical care, the presence of an illegal drug in the child or person responsible for the care of a child and in the presence of the child, or in possession of a dangerous substance.

The Strafford County Head Start Program is committed to the well-being and safety of all children in the community. Education and support are the key components to healthy, safe children and families. In providing this education and support and by referring families to other agencies, the program hopes to play a major role in the prevention of child abuse and neglect. All ECEP staff must coordinate and comply with local law enforcement agencies and DCYF investigations of child abuse and neglect. CAPSC ECEP staff receive regular training in the identification and prevention of child abuse and neglect.

NEW HAMPSHIRE LAW REQUIRES THAT ALL ADULTS WHO HAVE ANY SUSPICION OF CHILD ABUSE AND NEGLECT MUST REPORT IT TO THE DIVISION OF CHILDREN, YOUTH AND FAMILIES.

Together We Succeed

Early Head Start: Home Based Option

Our program offers an Early Head Start (EHS) Home based program. The EHS Home based option serves children (and prenatal moms), from birth to three years old.

The Home-Based Option is a unique experience for you and your child. During the program year, a trained home visitor comes to your home once a week for 1½ hours, to partner with you in enhancing your child's growth, development, and learning. The home visitor will bring you information about child development and assist you in determining at what stage your child is developing. The parent and home visitor will plan activities and experiences that promote and enhance your child's development and school readiness skills. **Your child will receive a completely individualized program.**

Weekly home visits are a vital part of the program. Please plan convenient visit times. If you cannot meet at the scheduled time, please let the Home Visitor know as soon as possible so the visit can be rescheduled. If absences are frequent and without valid reason, this may mean someone else could be allowed to fill your space. If cancellations are frequent, your place in Early Head Start will be in jeopardy.

Your home visitor will also act as a resource person for you. The home visitor will bring you information about current health issues, prevention, and nutrition, as well as social service resources that are available for you and your family to access if you have the need or desire. You will also be given information about the Head Start Parent Committee in your town, and you will be encouraged to participate. It meets monthly and offers many opportunities to have a voice in the Head Start Program, in addition to offering valuable training and volunteer opportunities.

Home Visit Guidelines

The following guidelines will ensure a successful home visit.

- Plan a place in your home where the visit can take place.
- Do not smoke. Turn off the television and mute your phone.
- Refrain from having extra people in the house.
- Restrain dogs and cats during a home visit. Other animals may need to be as well, such as ferrets, reptiles, and birds.
- It is vital that you are home at the pre-arranged time to meet with your Home Visitor, Teacher, or Family Advocate.
- If you need to cancel a home visit, please notify the appropriate staff person as soon as possible.
- Cancelled or missed home visits will be discussed and re-scheduled.



The personal safety of program staff and families is essential. Any threats to personal safety or adverse health conditions will be reported to the appropriate authorities.

Socializations

In addition to the weekly home visits, in EHS, you and your child will attend a weekly socialization group with other children and parents. This could be a classroom activity, attending a community event, or going on a field trip. Again, you are an integral part of the planning and implementation of these experiences. Participating in these events will give you the opportunity to both observe your child interacting with peers, and to get to know some of the other home-based parents.

1. In EHS, lunch is provided on Socialization Days for parents and children. Infant formula and baby food will be provided for those not ready for table food.
2. Children and infants will need a change of clothing on Socialization Days. During cold weather and mud season, each child will need a pair of slippers or some other kind of indoor footwear. It is important for your child to be dressed appropriately for the weather since some part of each parent/child socialization time is spent playing outdoors when the weather permits. Children should always be dressed in comfortable clothes. Outfits that you worry about getting soiled should not be worn. Adults must remove their shoes upon entering the Early Head Start socialization classroom to ensure health and safety of children.
3. EHS provides diapers and wipes for socialization days.
4. We ask that families do not take pictures during any socializations (classroom or community events). Some families do not give permission for their child to be in photos or videos. To make sure we honor their request, we have Home Visitors take all the photo and videos during those events.
5. Outside food or drinks may not be brought into the classroom for the health and safety of our children.

Head Start/Early Head Start: Center Based Option

All Head Start classrooms are open from 8:00 a.m. – 2:00 p.m. The earliest a child may enter the classroom is 8:00 a.m. and all children must be picked up by 2:00 p.m. Wraparound care is provided at some center locations. Your Family Advocate can assist in setting this up for you.

Head Start will follow the local school districts' calendars as much as possible. All ECE sites are closed for the following holidays:

**LABOR DAY
COLUMBUS DAY
VETERANS DAY
THANKSGIVING DAY
DAY AFTER THANKSGIVING**

**CHRISTMAS DAY
NEW YEARS DAY
MARTIN LUTHER KING DAY
MEMORIAL DAY
JUNETEENTH
4th of JULY**

Preschool Head Start classrooms also follow the School Districts' vacation week schedule, which includes Christmas vacation week, February vacation week, and April vacation week.

Vacation week care is available for a fee. You must contact your Center Site supervisor to sign up.

Our program will also be closed for mandatory staff training days and for cleaning and inventory as needed. Parents will be notified in advance to arrange for alternate care.

Look for the Daily Schedule at your center to assist you in knowing the activities in which your child is involved. Each classroom will have their detailed Daily Schedule posted.

These are some of the things your child will be doing each day:

- Breakfast, lunch, or snack routine
- Brushing teeth
- Small group activities
- Learning center activities
- Quiet activities
- Large muscle activities (story time, group discussion)
- Outside Time, if weather permits

Weather Related Closings

Weather related center closings are based on inclement weather conditions within our service areas. Each Head Start center will follow the individual local school districts' closings. All delays will start 2 hours after the Center's normal start time, lunch only will be provided. For example, if the program Head Start starts at 8 am, a 2-hour delay means the children should arrive at 10 am. Please base it on the time your child's center would normally start. Please check your child's Dojo as staff will try and send out updates as soon as possible

CENTER DELAYS and CLOSURES will be reported on:

TV: Local Channel 9 (WMUR)

Online: WMUR (www.wmur.com) and

Facebook – Community Action Partnership of Strafford County (www.facebook.com/capofstraftfordcounty)

Attendance

Regular, on-time attendance is crucial for children to be well prepared for success in kindergarten and beyond. Staff will work with parents in a positive and proactive way to support regular attendance.

Regular attendance, 90% or above, is ideal for your child to receive the full benefit of participating in the Head Start program. Having your child to school on time is important to their development. If children are late, they are missing important learning time and being part of the classroom's routine. Families must notify us when a child will be absent due to illness or other emergencies. Your child's teacher and Family Advocate will work with you on challenges related to regular attendance. Please refer to the Attendance Policy in the Appendix for details on how to report absences and the withdrawal process.

ATTEND TODAY, ACHIEVE TOMORROW



Late Pick Up Of A Child

When a child has not been picked up at their center by the end of the program, and no contact from the family has been made, a staff person must contact the people on the emergency form. If the staff person is not able to contact any approved person for pick up, a decision will be made regarding contacting the authorities.

Suggestions For A Smooth Drop Off/Pick Up

Children must be escorted into the classroom by an adult and see that they are supervised by their teacher before they leave the premises. The parent or guardian must tell the staff member that the child is present and sign the child in on the sign-in sheet.

How to develop a regular drop-off routine:

- Bring your child into the classroom.
- Help your child put any belongings into his/her cubby and assist in hand washing.
- Make sure the teacher is aware that your child has arrived and let the teacher know any information needed for that day (examples: medication, a change in pick up person, etc.).
- Sign your name on the Sign-In Sheet.



If your child has a hard time saying “good-bye”:

- Explain to your child that you will return at a certain time, such as lunchtime or outdoor time (young children do not understand 12:30 or 4:00).
- Help your child become engaged in an activity or speak with your child’s teacher, who will assist you when your child needs help.
- Say “Good-bye” in a warm and loving manner. Make sure your child knows you are leaving.

If your child has problems leaving school at the end of the day:

- Give your child a few minutes to finish what he/she is doing and to say “Good-bye” to friends and teachers.
- Ask teachers or other center staff for help as needed. Please remember that teachers are also on a schedule after the classroom portion of the day.

If you will not be picking the child up, please make sure that your child knows who will come for them. We must have written permission to release a child to someone other than a parent or guardian. The children are released only to adults (18 and older) authorized on the release form. **WE WILL NOT RELEASE YOUR CHILD TO SOMEONE WE’VE NEVER MET WITHOUT A PHOTO ID.**

Parking Lot Safety



Limited parking is available at sites. Caution is always required when entering or leaving the parking lot. ***Please park only in Head Start designated spaces.***

To ensure that families and children are safe at all times, please be mindful of the rules below:

- Never leave children unattended in your car when you walk your child to class.
- Always hold the hands of any children you are escorting across the parking lot.
- Always have your child exit onto the sidewalk, not the parking lot.
- Lock your car when leaving it.
- Buckle up! It is the Law!! Both you and your child need to be buckled up while in a motor vehicle.

When you drop off or pick up children from the center, young children must not be left unattended in vehicles. It is considered Child Endangerment to leave a young child alone in a vehicle...even for a moment (RSA639:3)

Please do not leave your car running while bringing children into the center.

Pedestrian Safety

Children should be taught to:

- Learn and obey traffic signals and signs.
- Cross the street at corners using traffic signals and crosswalks.
- Never run out between parked cars or in the middle of the block.
- Always look LEFT, RIGHT, and then LEFT again before crossing the street.
- Walk on the sidewalk when possible.
- Walk facing traffic.
- Always watch for cars.
- Hold hands with an adult while on parking lots.
- Never run out into the street for any reason.
- Play in safe places away from the street.



Authorized Persons & Information Change

Families must provide a list of people (18 years or older) they authorize to pick up their child. All authorized persons must sign the Child Sign-In/Sign-Out Sheet when bringing or picking up a child.

Authorized persons unknown to staff are asked to show a picture identification before being allowed to pick up a child. No unauthorized person is permitted to pick up a child under any circumstances.

Whenever there is a change in address, phone, emergency contacts, health providers, health conditions, work/school schedule, family situation, or other related information, please notify us. You may be asked to update the Emergency Information sheets at the center.

Cubbies/Messages

Every child has a designated cubby with their name and picture so that they know where to put their belongings. Each center has a parent bulletin board to keep you updated on center and community events, parent workshops, employment opportunities and training.

Copies of monthly newsletters, menus, and special notices are also posted. It is important that you check your child's cubby and the parent bulletin board daily. The program has a website, www.straftfordcap.org, which lists up-to-date information.

What To Bring from Home

- At least one complete change of clothing, including extra underwear, to be left in your child's cubby. All items must be labeled with your child's name.
- Head Start and Early Head Start provide diapers and wipes.
- Children should be dressed in appropriate clothing for play. Activities such as painting and outdoor play require comfortable and washable clothing. Outfits that you worry about getting soiled should not be worn. Also, since children will want to run and climb during outdoor time, comfortable shoes such as sneakers are strongly suggested. ***Sandals and flip flops are not recommended.***
- Appropriate clothing for the weather. We play outdoors every day unless it is raining or extremely cold. Children need to come to school prepared for outdoor play each day. Warm clothing, boots, mittens, and hats should be provided.

What Not To Bring From Home

Children are never allowed to bring the following items to school. We appreciate your cooperation in this matter.

- Food, drinks, snacks, candy, cough drops, or chewing gum,
- Games, toys, and dolls, and
- Money

Emergency Procedures

Specific emergency procedures are posted at each site in case of fire or other evacuation emergencies. Emergency drills are scheduled regularly throughout the year. Each classroom and vehicle are equipped with a first aid kit. Emergency phone numbers are posted next to the classroom phone. Staff are trained in First Aid and Infant and Child CPR training.

Field Trips

All centers take walks as part of their outdoor activities. We ask that you sign a permission form during registration that allows your child to participate in these walks.

You will be made aware of all field trips through a field trip permission form that will require a signature. Parents are required to transport their children and attend field trips. Please plan to take full advantage of this special time with your child. Please note siblings will not be allowed to attend.

CHILD DEVELOPMENT

It is our philosophy that early childhood should be a time of fun, warmth, security, exploration, and discovery. Children are creative and receptive. Our staff planning revolves around the needs and cues from each child. By respecting and encouraging individual abilities, we hope to develop a strong feeling of self-worth in each child. Discovery and individual encouragement support each child's success in the learning process.

Our program is designed to provide an atmosphere that enhances the social, emotional, physical, and intellectual growth and development of the whole child. Our curriculum includes language development, early literacy and numeracy, health, safety, nutrition, social skills training, music, art, games, and the celebrations of individual and cultural diversity.

Disabilities

ECEP provides a high-quality inclusive program for children with special needs and their families. This includes screening, referral services and case coordination. Head Start /Early Head Start works closely with the Local Education Agencies (LEAs) and Early Supports and Services to deliver needed services within our programming.

The goals of the Disabilities Program are to:

- ✓ Ensure that children with a disability can successfully participate in program activities with non-disabled peers.
- ✓ Meet special needs of each child and their family to the best ability of the Head Start program.
- ✓ Provide needed special education services and/or arrange for them to be provided through other agencies.
- ✓ Provide parents with the opportunity to become knowledgeable about Public Laws, the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Education Act (IDEA).
- ✓ Provide training for staff and parents relating to disability services.
- ✓ Assist parents in the transition of children with disabilities to public school.

All CAPSC-ECE programming follows the inclusion policy set forth by the Office of Head Start for more information go to [POLICY STATEMENT ON INCLUSION OF CHILDREN WITH DISABILITIES IN EARLY CHILDHOOD PROGRAMS \(hhs.gov\)](https://www.hhs.gov/policy-statement-on-inclusion-of-children-with-disabilities-in-early-childhood-programs)

Mental Health

Building a child's self-esteem is key to preventative mental health. The program's approach emphasizes wellness and supports parents in the role of promoting good mental health for their children and for themselves. Our Centers are comfortable, safe places for children that foster growth in all areas of development. The goal of our program is to help children grow up feeling good about themselves and able to be healthy and happy members of society.

Healthy social and emotional well-being are essential to a child's success in school. Our program has designated staff who have training and expertise in supporting children, teachers, and families in this area. We have a Mental Health Consultant as well as an experienced leadership team who are available to provide added support by observing children in the classroom, accompanying visitors on home visits, assisting in accessing resources, attending parent meetings, and conducting trainings as needed.

CURRICULUM

Our classroom-based program implements the Creative Curriculum, an evidenced based, learning curriculum for children ages birth through 5. It is used to set objectives for each of our classes, set the standards for our portfolios, write our lesson plans, and perform individual and classroom assessments.

Early Head Start classrooms use The Creative Curriculum for Infants, Toddlers & Twos. This curriculum emphasizes creating relationships, routines, and experiences that best support each child's individual needs.

Head Start classrooms use The Creative Curriculum for Preschool. This curriculum focuses on exploration and discovery as a way of learning that enables children to develop confidence, creativity, and lifelong critical thinking skills. Children participate in learning activities that require active thinking and experimenting to find out how things work. This is best accomplished through purposeful play facilitated by highly intentional teaching practices.



Our Home-Based program implements the Parents as Teachers Curriculum. This curriculum is aimed toward giving families the resources and guidance to strengthen their role as their child's first and best teacher. Staff and parents collaborate in planning experiences and activities that best support the parent-child bonding experience.

School Readiness

CAPSC's Head Start has established school readiness goals to improve your child's readiness for kindergarten. These goals are aligned with the Head Start Early Learning Outcomes Framework, the NH Early Learning Standards, and the expectations of the school where your child will be attending kindergarten. We assess your child's progress toward achieving these goals three times during the program year, and plan developmentally appropriate experiences and activities that will move your child toward achievement. Your child's teacher will review your child's progress with you, and together you and the teacher can plan additional activities to do both in the classroom and at home to help your child be ready for school.

Pyramid Model

The Pyramid Model is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. Research on implementation of the Pyramid Model shows: Children have better social skills and less problem behavior in Pyramid Model classrooms. Teachers can implement Pyramid Model practices better if they receive training and practice-based coaching.

The Pyramid Model focuses on promoting positive behavior and addressing challenging behavior (Hemmeter et al., 2012). The following strategies are emphasized in the effective practices:

- ✓ Acknowledging and reinforcing positive child behavior,
- ✓ Directly teaching social skills, expectations, and behaviors to children related to different environments,
- ✓ Monitoring children's challenging behaviors
- ✓ Teaching positive replacement behaviors.

What is gained by using the Pyramid Model?

Families:

- ❖ Receive information on how to achieve children's social and emotional skills
- ❖ Team with teachers to help children grow and learn
- ❖ Receive support for preventing and addressing behavior problems

Teachers:

- ❖ Are effective in helping children learn social and emotional skills
- ❖ Strengthen classroom management skills
- ❖ Have information and resources to support families

Children:

- ❖ Increase their social and emotional skills
- ❖ Improve in their readiness for kindergarten



Positive Discipline

CAPSC is committed to providing children with positive behavior support in the classroom. Our program uses The Pyramid Model framework, which supports best practices needed to promote young children's social and emotional development, and effectively addresses challenging behaviors. In addition to the Pyramid Model, our program uses parts of Positive Behavior Instruction and Supports (PBIS), which we call Building Blocks, to teach positive behaviors in the classroom.

Building Blocks is based on three main ideas:

1. Children need to know what is expected of them.

- To help our children learn what is expected of them, consistency is important. Staff all agree to the same basic rules. These three rules are called "Building Blocks" and they are:
 - "We are safe", "We are kind". "We take care of our things."
- We encourage families to use the same rules at home to complete the consistency circle that will have the greatest impact on children's behavior. Whenever possible, state directions in the positive so children hear what they can do, not what they cannot do.

2. Children need to be taught the correct way to behave.

- Short lessons called tools for success have been developed to teach children appropriate behaviors throughout their day (e.g., classroom, hallways, playground, field trips, etc.).
- The Tools for Success are developed to teach any behavior in any setting. It is important to teach the behavior where you want it to take place. For example, safe playground behavior needs to be taught on the playground. This way the children make the connection between the behavior and the setting.

3. Correct behavior needs to be encouraged and acknowledged.

- Once a behavior is taught, the child needs to be motivated to use that behavior. Motivation will be provided through positive feedback from all the adults in the center including teachers, family advocates,

and cooks. This positive feedback will take many forms. If a child is following the rule “we are safe” a teacher may say “I like the way you are staying safe by walking to line-up”. This lets the child know he is following the rule. The staff may also remind the children of certain rules.

- Another way is to use an acknowledgement system in the classroom and at home. Each classroom decides what form the acknowledgment will take. Examples of acknowledgment might include collecting pom poms, cubes or paperclips. As staff see children behaving appropriately, they may give a child an item to add to the classroom’s collection. When the classroom collection is full the entire class gets to celebrate their accomplishment. This motivates the children to continue the appropriate behavior.
- Rewarding positive behaviors with celebrations occur frequently at the beginning of the program year when children are becoming familiar with routines and expectations. Slowly the items are given less frequently as the behavior becomes part of the classroom structure.

FAMILY ENGAGEMENT

There are many opportunities for families to participate throughout the program year by:

- Assuring regular attendance in the classroom and at home visits
- Actively participating in your child's education by completing assigned home activities with your child to enhance their skill development
- Attending workshops and trainings
- Contributing ideas to newsletters, activities, field trips, etc.
- Volunteering in the kitchen or the classroom
- Going on field trips
- Becoming a classroom or kitchen substitute.

SUPPORT YOUR CHILD'S SCHOOL READINESS THROUGH VOLUNTEERING!

We urge you to share your talents, knowledge, time, and energy with us by volunteering. When you volunteer in your child's classroom, he or she will see that you think their education is both important and enjoyable.

The time you spend supporting your child's school readiness also helps the program!

When the Head Start program was established in 1965 it was considered a federal partnership with local communities where 80 percent of the program costs were delivered through federal funds and the remaining 20 percent of the cost was expected to be provided through community partnerships in the form of donated/discounted goods and services, also known as in-kind donations.

One form of in-kind that we rely heavily on is our family volunteers who provide additional support in our classrooms and in other areas of our programs. We assign a dollar value to each family volunteer's time in the form of an in-kind contribution (ie: if you volunteered in a classroom once a week for one hour, you would help match our grant funds \$65/month). We need our Parent Volunteers to meet the federal requirements and continue to operate our no cost programs at the current capacity.

Some examples of parent volunteer activities include:

1. **Center Committee Meetings:** You can participate in monthly Center Committee Meetings at your center. These meetings are held monthly at each center beginning in October. They may include planning for upcoming parent education activities, celebrations, parent/child interactions and other program activities. Families plan these meetings in partnership with staff and decide on activities, special training, and guest speakers.
2. **Policy Council:** Policy Council is part of the governing body of Head Start. In partnership with program management, parents and community representatives review policies, the budget, and staffing. They are also responsible for reviewing the program each year through the self-assessment process and making recommendations for improvements. This group meets monthly, and parents are elected as representatives to the Policy Council.
3. **Health Services Advisory Committee:** Health, Nutrition, and Safety policies and procedures are developed using federal, state, and county guidelines with the assistance of medical and dental providers and community representatives. This is accomplished through the meetings of the Health Advisory Committee.

Contact your Family Advocate, Home Visitor, or Teacher to discuss how you can volunteer!

Standards Of Conduct for Volunteers

The Head Start Performance Standards require that volunteers abide by the program's Standards of Conduct listed below.

- All volunteers will respect and promote the unique identity of each child and family and refrain from stereotyping based on gender, race, ethnicity, culture, religion, or ability.
- All volunteers will keep information concerning children, families, and other staff members confidential.
- All volunteers will ensure that no child will be left alone or unsupervised while under their care.
- Volunteers in the classroom will never be left alone with children. Volunteers use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. All discipline will be implemented by the teaching staff.
- Classroom volunteers must complete a brief volunteer orientation, which will be conducted by the site coordinator.
- No volunteers will be considered part of the required classroom ratio of staff to children.
- The only exceptions prohibiting a family from visiting or volunteering in their child's classroom are:
 - You are prohibited by a court order.
 - You are a registered sex offender.

Families are always welcome to visit their child in their classroom and volunteer if able. Teachers do appreciate it when you let them know in advance that you plan to visit. There are many ways you can be involved. However, because of safety concerns there are requirements you will have to meet depending upon what you want to do.

Family Communication

We ask that you communicate with staff through Class Dojo or Staff emails and not through personal text/emails. One of our goals here at Community Action is to prepare children and families for setting appropriate school/ home boundaries. Social Connections outside of the program is prohibited, this includes social activities, babysitting, birthday parties, friend requesting staff on social media or contacting them after hours.



“At the end of the day, the most overwhelming key to a child's success is the positive involvement of parents.”
- Jane D. Hull

HEALTH SERVICES



Our program is committed to ensuring that families are connected to health care services in the community. We assist families in obtaining well-child checkups as recommended by the American Academy of Pediatrics. We encourage you to apply for and maintain Medicaid if you do not have other insurance. If you are not certain if your child qualifies for Medicaid or need assistance in applying, you may ask your Family Advocate or Home Visitor for assistance.

Our program has staff available to provide education about preventative health care, address minor health problems, assist women in obtaining prenatal care, and assist with medical referrals. Head Start/Early Head Start will promote the establishment of a “medical home” by supporting you in finding a medical provider. If transportation to a medical provider is a concern, please speak with your Family Advocate or Home Visitor.

Screenings / Health Requirements

Prior to Starting at the Center:

- **Individual Health Plans:** Our staff will work with you to develop a plan if your child(ren) has a chronic health issue (e.g., asthma)
- **Immunization Record:** Immunization records must be on file in the center your child will be attending. If your child is behind on immunizations an appointment to receive the next dose(s) must be scheduled and kept.
- **Allergy Documentation:** Allergies to medications, foods, insects, environment, etc. require a note from your child’s doctor and applicable forms.

In the first 45 Days:

- Growth Measurements
- Vision and Hearing Screenings
- Developmental and Behavioral Screenings

In the first 60 Days:

- Physical Exam
- Blood Pressure Measurement

In the first 90 Days:

- Dental Exam
- Blood Lead Test
- Iron Status Test (hemoglobin/hematocrit)

Early Head Start Additional Physical Exam Requirement:

Well-child checkups are required at the following ages, as directed by the American Academy of Pediatrics: 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, and 3 years. Record of all these visits must be on file.

Immunizations

New Hampshire licensing regulations require that every parent or guardian of a child to be admitted or enrolled in a New Hampshire Head Start/Child Care facility shall, PRIOR to his/her admittance, provide documentary proof of acceptable immunization of the child to the agency.

This needs to include documentation of the child's chickenpox (Varicella) status. This can be documented in one of the following ways:

- The month, day, and year of immunization by Varicella vaccine
- A physician statement verifying that a child has had chickenpox.
- Lab results confirming immunity.

A child may be admitted under “*Conditional Enrollment*” with documentation of at least one dose of each required vaccine. The parent or guardian shall also provide an appointment date for the next due dose of any missing immunizations from a health care provider. ***This appointment date shall serve as the suspension date if the child fails to keep to the scheduled appointment.*** This process shall continue until acceptable immunization status is attained.

Each classroom teacher and Family Advocate is responsible for ensuring that each child has documentation of current immunizations prior to that child's entrance into the classroom.

Oral Health in The Classroom

Dental instruction and education are an important part of the Early Childhood Education program. If you do not have a dentist for your child, you will be assisted in establishing a “dental home” to receive routine care.

Tooth brushing plays a significant role in preventing tooth decay. Our program will promote dental hygiene in conjunction with meals.



- ***For children aged two and over***

Once daily, after a meal, our staff (or volunteers, if available) assists children in brushing their teeth using a small smear of fluoride toothpaste.

- ***For children between one and two years of age***

Once daily, after a meal, our staff (or volunteers, if available) brush children's teeth with a soft bristled toothbrush, using a small smear of fluoride toothpaste.

- ***For infants under the age of one***

At least once during the program day, staff or volunteers wash their hands and then cover a finger with a gauze pad or soft cloth and gently wipe infants' gums.

Child Illness

The following health guidelines have been set up to reduce the risk of children's exposure to illness. We ask that families follow these rules so that we may provide a healthy environment for everyone. We provide a space to rest with adult supervision, away from other children, for any child who becomes ill until a parent/guardian arrives to take them home. As a licensed program we are required to follow State guidelines.

Staff observe each child each day upon arrival and throughout the day for injuries and symptoms of illness. A child shall not be denied admission or sent home unless one or more of the following conditions exist. The parent, legal guardian, or other authorized by the parent shall be notified immediately when a child has a sign or symptom requiring exclusion from the facility as described below:

1. The illness prevents a child from participating comfortably in facility activities.
2. The illness results in greater care than child care personnel are able to provide without compromising the health and safety of the ill, injured child, or the other children in their care.



Your child should remain at home where he/she can rest comfortably if he/she:

- Has an oral (under the tongue) temperature of 101⁰F or greater, rectal temperature of 102⁰F or greater, thermal temperature or an axillary (i.e., armpit) temperature of 100⁰F or greater. Please note that a child's temperature should be determined prior to administering fever reducing medicines.
Staff use the thermal temperature method (100.4⁰F) to take temperature when needed.
- Has conjunctivitis (eye infection): children with conjunctivitis must be kept home until 24 hours after initiation of effective antibiotic therapy or, in viral disease, until the white or colored discharge from the eye has stopped.
- Has an unidentified rash.
- Has any contagious disease (examples: Measles, Mumps, Rubella, Roseola, Impetigo, Chickenpox, Hepatitis, Ringworm, Conjunctivitis, Strep Throat, Scarlet Fever, COVID-19, etc.).
- Is vomiting or has diarrhea for more than one episode in the last 24 hours - loose or watery movements or cannot be contained in a diaper - must be free of vomiting and diarrhea for 24 hours before returning to the center.
- Has scabies or live, untreated head lice.
- Has a severe cold with fever, coughing, sneezing, runny nose or similar symptoms if the center does not have documentation of diagnosed seasonal allergies from a healthcare provider.
- Has an ear, throat or any other infections, *unless child has been on medication for at least 24 hours.*
- Any illness or injury that prohibits the child's participation in regular activities.

IMPORTANT INFORMATION

1. Parents must contact their child's teacher, family advocate or home visitor as soon as possible if their child is diagnosed with a communicable (infectious) disease or if their child is ill and unable to attend.
2. If you child has been prescribed medication, we ask that your child be on the medication for 24 hours before they return to the center. (Please refer to the Administration of Medicine section)

3. If your child shows signs of illness, you will be contacted and requested to pick up your child. If you are unable to do so, you must notify someone from your alternate pickup list to pick up your child. Your child will not be allowed to return to the center the same day.
4. If parent/guardian cannot be reached, the program will contact names listed on the child's emergency form.
5. Children must be fever-free, without fever-reducing medication for 24 hours before they may return to the center.

Injured Children/Emergencies

Minor injuries, such as scrapes, small cuts and bumps are treated by the staff. Parents are made aware of all injuries using accident report forms that require the guardian's signature.

If outside treatment is required, the center will notify parents, guardians, or emergency contacts, explaining the situation and request them to meet at the nearest medical facility.

ALWAYS MAKE SURE THAT THE CENTER HAS A TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY.

Administration Of Medicine

If your child is prescribed medication that needs to be given during regular program hours, it is required that the medication be brought to the center and an Authorization to Administer Medication form be completed. This form is available at all centers. ***Medication will not be given without a signed medical authorization for the prescription or non-prescription medication.***

All medications to be given must be brought into the center and handed to a staff person in the original container with the current date, child's name, and physician's name and instructions clearly on the label.

PLEASE DO NOT GIVE YOUR CHILD MEDICATIONS THAT THEY ARE TO ADMINISTER THEMSELVES WHILE AT OUR CENTER, SUCH AS COUGH DROPS, OINTMENTS, ETC.

If your child has a prescription for an Epi Pen, other rescue medication, treatment of allergy symptoms or an inhaler for asthma, please ask your child's doctor to prescribe an extra one that may be kept out of reach in the classroom in the case of emergency.

If medication needs to come to school so that the medication can go home with another parent or guardian, the medication needs to be handed to a staff person upon arrival. The medication will be stored in a locked box until the end of the school day. **Medication cannot remain in a child's backpack** as this is unsafe and violates NH licensing requirements. It is the responsibility of the adult picking the child up to request the medication. Families are responsible for ensuring medications are within their expiration date and refilled as needed.

Allergies

At the time of application, you will be asked about allergies. Please make sure that the staff is aware of any allergies that your child may have, and that this information appears on the child's registration forms. If your

child does have an allergy, you will be asked to sign a release of information form. Staff will be in contact with your child's doctor/allergist to gather allergy information.

All food allergies or special diets must be brought to the attention of the cook. Written documentation and instruction must be provided by the child's doctor/allergist. To meet the nutritional needs of your child, the cook and the Nutrition Staff must know what your child can and cannot eat. Your cooperation is greatly appreciated.

Nutrition

Nutrition is an integral part of the Program. Children and families learn about healthy eating habits. Each center provides breakfast, lunch and/or nutritious snacks daily. Following USDA guidelines, the nutrition staff plan meals and choose ingredients that support healthy growth and development of all children.

Meals are wholesome, low in sugar, sodium and fat; but, high in fiber, vitamins, and minerals. Special cooking and nutrition education activities are incorporated into each classroom's curriculum every month. Parents are welcomed and encouraged to assist nutrition staff in meal planning, menu planning, cooking activities, and/or as kitchen volunteers. Nutrition activities are also planned for home visits. Staff shares food, nutrition, and low-cost meal preparation ideas with families.

A Registered Dietician will review a child's growth, nutrition assessments, health history and food habits, and may make recommendations for children who are considered at risk. A Dietician may also provide training and education to both children and adults.

Nut Safe Policy

Our program has a small number of students who suffer from severe nut allergies, including peanuts and similar nut products. In order to provide a safe environment for these children, Head Start is promoting a nut-safe environment. The following is strictly implemented:

- Food containing nuts will not be served at any meal.
- Staff and families will not be allowed to bring in any food containing nuts.
- Products that contain nuts including peanut butter, Nutella, fruit and nut bars, chocolate and any other products that have nuts listed in their ingredients. This does include products that contain the warning "may contain traces of nuts."

Families of students with an allergic reaction to nuts are to inform the program prior to enrollment and play a key part in the development of an action plan for their child.

The health and safety of all our children is of vital importance to us. As severe as these steps may seem, they are necessary to prevent an unfortunate incident from happening. We are doing everything we can to provide our children with the safest environment in which to learn.

Rest And Nap Time

NH Child Care Licensing requires programs that operate for more than five hours to provide children a rest/nap time of at least one hour. Accordingly, our Centers that operate more than five hours a day, will have a scheduled rest/nap time each day. Nap time will be for one hour, and children will each be provided with their own rest mat and blanket. Those children who do not fall asleep within 30 minutes will be provided with a

teacher-facilitated small group activity to participate in, either in the classroom, or in another space within the center (e.g., conference room, playground, empty office space).

After an hour, staff will turn on the classroom lights and talk in normal voices, signaling that rest time is over. Children will be invited to have a snack and participate in some classroom activities until their parents arrive. Children who are still asleep will not be awakened by staff, but rather, allowed to wake up on their own. If a child is still asleep when his or her parent arrives at 2:00, the parent will be responsible for waking their own child.

Infants nap schedule will be individualized and based on the needs of the child.

APPENDIX – POLICIES & PROCEDURES

Allergy Policy

Staff must be made aware of any allergies a child has at the earliest possible opportunity. The question will be asked at the time of application and a signed release obtained allowing staff to contact the child's doctor/allergist to gather information. Other opportunities to garner information include completion of the emergency form, the health history, physician forms, the family profile, the nutrition assessment or from conversations with the parent or guardian.

All food allergies or special diets must be brought to the attention of the Nutrition Staff. **A USDA Special Meals Prescription form must be completed by the child's doctor/allergist.**

Information will be shared with the appropriate personnel, including the Population Health Sr. Program Manager, Food Services Supervisor, teaching staff, center cooks, family advocates, and home visitors. When appropriate, staff will familiarize themselves with treatment procedures. Food allergies will be clearly posted in the cooking area to enable adequate substitutions and to assure that volunteers are aware. This information will be updated as needed. All allergies will be posted in the classroom.

Staff will adhere to the following procedures for the distribution and collection of the Special Meals Prescription form:

1. After reviewing the child's application, the Family Advocate, Home Visitor or Site Supervisor identifies if any food allergies/intolerances, or other special dietary needs exist.
2. If a food allergy/intolerance, or other special dietary need exists, the Family Advocate, Home Visitor or Site Supervisor prints and forwards the USDA Special Meals Prescription form to the child's doctor/allergist for completion.
3. When the completed form is received from the doctor/allergist, the Family Advocate, Home Visitor or Site Supervisor notifies the kitchen, teacher and Food Services Service. Copies of the form are kept in the child's file, the kitchen, and on file with the Food Services Supervisor.

Attendance Policy: Center Based

ALL absences must be called in to the Family Advocate or Teacher on that day and a reason given.

1. If a child is unexpectedly absent and a parent or guardian has not contacted the program within one (1) hour of program start time, the Family Advocate must attempt to contact the parent/guardian to ensure the child's well-being.
2. When a child has been absent for three (3) consecutive days or when a child's attendance continues to be irregular (e.g., one to two classroom days missed each week), the Family Advocate will initiate a home contact to discuss the situation or to discuss other options for the child.
3. The Family Advocate will stress the importance of daily attendance for the child, family and program. The Family Advocate will remain sensitive to family circumstance(s) and will initiate appropriate family support procedures where needed.
4. Within the first sixty (60) days of program operation, and on an ongoing basis thereafter, Family Advocates will use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten (10) percent of program days per year. With the support of the Family Advocate Manager, and in tandem with the family, Family Advocates will develop appropriate strategies to improve individual

attendance among identified children, such as direct contact with parents/guardians or intensive case management, as necessary.

Unenrollment Due to Lack of Attendance:

1. If a child is absent for an extended period of time (5 days cumulative), the family advocate will meet with the family to determine why this is occurring and assist in offering solutions. A written plan of action will be developed with the family as needed.
2. If the absences are due to a documented medical condition, then the program will continue to provide family support and interim home visits, as appropriate, until the child is able to return to the program.
3. If there are family problems affecting the child's attendance, appropriate family support procedures will be initiated by the family advocate (with assistance from the Family Engagement Manager, as needed). The family support must include home visits and direct contact with parents.
4. If the written plan is not successful, and the child's attendance rate has not improved, the Family Advocate / Home Visitor will contact the family by phone to inform them that they have been unenrolled, and the slot will be filled. The Enrollment Coordinator will also inform the family in writing. This action is not considered expulsion as described in §1302.17 of the Head Start Performance Standards.

Late, early arrivals and children pick up at the Head Start Center:

Parents are responsible to ensure that their children arrive and depart at the appropriate time. Parents who do not comply must realize that their child's placement in the classroom will be in jeopardy. Timely, consistent, and regular attendance ensures that children receive the benefits of a high-quality preschool education program prior to entrance to kindergarten. Strafford County Head Start reserves the right to withdraw any child if it is felt that the program offered is not meeting the specific needs of the child.

Attendance Policy: Home Based

1. The Home-Based option requires that weekly home visits and regular socialization activities be attended throughout the program year. In order to meet this requirement, it is important that families be available for their scheduled home visit time and socialization day each week.
2. If an illness or emergency occurs, whereby the parent(s) cancel the home visit, the parents must notify the home visitor in advance and re-schedule.
3. If an illness or emergency occurs, whereby the home visitor cancels the home visit, the home visitor must notify the parent(s) in advance and re-schedule.
4. If a parent or guardian misses two (2) consecutive home visits or establishes a pattern of missed home visits, the home visitor will discuss the attendance concern with the parent or guardian. The home visitor will stress the importance of weekly home visit attendance in reference to the child, family, and program. The home visitor will develop a written plan with the parent(s) or guardian to resolve the problem (i.e., change scheduled home visit days, work to schedule other appointments at different times, etc.).

5. If unable to resolve the problem within two weeks or the written plan is not successful, the home visitor will contact their supervisor and the Family Advocate Manager who will send a letter of withdrawal to the parent or guardian.

Mealtime Policy: Classroom

Mealtime is a time for children to receive nourishing food, as well as develop eating, social, and language skills. Meals are served family-style with children serving themselves, unless assistance from an adult is necessary. Children are encouraged to try all foods. Each child is offered all food served at meals, but never forced to try a food if he/she chooses not to.

Staff and parents eating with the children are expected to “model” table manners and good eating habits, trying all foods served.

Table conversation should focus on positive topics that are of interest to children, not on what or how much a child is or is not eating. The conversation can include the food they are eating, how it tastes, what it is, and where it came from, etc. Positive reinforcement such as recognizing a child’s appropriate mealtime behaviors and /or willingness to try new foods are effective means of encouragement and should be used.

Exploring new foods during classroom activities: how foods grow, what they taste and feel like prepared in different ways and what nutrients are in them to help our bodies grow and be healthy, is another way of encouraging children to try new foods.

If a child’s eating behavior is problematic, teachers/cooks will contact the Food Services Manager and Education Manager who will work with the teachers and parents to find a positive solution.

Smoke-Free Environment Policy

Smoking and the use of tobacco products is always prohibited in all agency facilities, including Policy Council and Parent Meetings, agency buildings, agency grounds, playgrounds, and agency owned vehicles. On the first home visit, parents and staff will discuss the “Smoke-Free Environment” and decide on an individual family basis, the policy that will be followed during their home visits.

1. In those programs where Head Start shares buildings with other occupants, Head Start will make other tenants aware of the “smoke-free zone” around the Head Start location.
2. Smoking is prohibited in any Head Start owned vehicle.
3. Staff, parents, volunteers, and guests must refrain from smoking during field trips, socializations, and other Head Start functions.
4. Staff who choose to smoke on their breaks shall change into fresh clothing or remove smoke contaminated outerwear prior to returning to work with children younger than 24 months, to reduce exposure to third-hand smoke.
5. Home Visitors will educate families about the dangers of smoking, as well as second and third-hand smoke; and offer them information about smoking cessation resources. Families who smoke will be encouraged to not smoke indoors.
6. Employees who smoke and would like information about smoking cessation should contact the Health Services Manager or the Program Nurse.

This policy reflects Public Law 103-227, Child Licensing Regulations, and Head Start's certification to the U.S. Government regarding environmental tobacco smoke.

This policy reflects Public Law 103-227 and Head Start's certification to the U.S. Government regarding environmental tobacco smoke.

Biting Policy

Toddlers sometimes bite other children. Biting is considered a normal part of development. Toddlers may bite for a variety of reasons, such as teething pain relief or language frustration. Rarely does a child intend to hurt another child.

Staff take action to reduce the number of biting incidents, largely by trying to prevent or redirect the behavior. If a child is bitten, appropriate first aid and comfort is given.

Consistent with the program's policy of confidentiality, parents of the bitten child are not informed of the name of the biter. Parents of the biter are informed only that their child has bitten, and the parents and teachers work together to try to prevent further biting incidents. If biting continues, staff will notify their supervisor for additional resources.

We have resources available to help parents understand why a child might be biting and how to help redirect and prevent the behavior. If a bite is particularly bad, or has broken the skin, we will call the parent to let them know of the bite before they come to pick up their child

Toileting /Diapering Policy

CAPSC ECEP accepts all children, whether they are toilet trained or not. The following procedures ensure that we meet New Hampshire Child Care Licensing Standards and Universal Precautions.

SUPPLIES NEEDED:

1. Diapers, "Pull-Ups" or clean training pants
2. Gloves
3. Sanitizing solution (one bottle for diapering only!)
4. Plastic bags
5. Washable, plastic-lined, tightly covered receptacle (labeled "DIAPERING ONLY", operated by a foot pedal
6. Wipes
7. Plastic covered cushioned mat
8. Disposable towels

PROCEDURE:

1. Disposable diapers will be used.
2. At least every 2-3 hours staff will check children in diapers and change diapers and clothing if they are soiled or wet.
3. Children will not be left unattended on the designated diaper changing surface.
4. The foot activated soiled diaper receptacle will be sanitized at least once each day.
5. Toilet training will be:
 - (a) Individualized
 - (b) Conducted in accordance with a plan developed by the child's parent(s) and staff
 - (c) Never forced

DIAPERING PROCEDURE:

1. Changing area shall **NEVER** be located in food preparation area.
2. Hand washing sinks shall be close by.
3. The changing area shall be as private as possible, such as, the corner of the room or bathroom with the door open.
4. Put gloves on.
5. Spray mat with sanitizing solution and wipe with a paper towel.
6. Place disposable towel on the mat (optional)
7. Change diapers (remove soiled diaper and put on new)
8. Place soiled diaper, “pull-up”, wipes, and disposable towel in the step-on receptacle with plastic lining.
9. Spray the mat with the sanitizing solution and wipe with a paper towel.
10. Have the child wash his/her hands and wash your hands.

Child Illness Policy/Procedure

All programs adhere to the New Hampshire Child Care State Licensing Rule He-C 4002.17 (g) (h) (i) (j) (k) which states the following:

1. Head Start and Childcare personnel shall observe each child each day upon arrival and throughout the day for injuries and symptoms of illness. A child shall not be denied admission or sent home unless one or more of the following conditions exist. The parent, legal guardian, or other authorized by the parent shall be notified immediately when a child has a sign or symptom requiring exclusion from the facility as described below:
 - a. The illness prevents a child from participating comfortably in facility activities
 - b. The illness results in greater care than childcare personnel can provide without compromising the health and safety of the ill, injured child, or the other children in their care.
2. The symptoms of illness referenced in (b) above shall include, but not be limited to, the following:
 - a. More than one episode of vomiting in one day or two or more episodes in the previous 24 hours, until vomiting resolves or healthcare provider determines the illness is non-communicable and the child is not in danger of dehydration.
 - b. More than one episode of diarrhea in one day or uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or that cannot be contained by a diaper, until diarrhea has stopped.
 - c. Uncontrolled coughing or wheezing;
 - d. Unusual or extreme fatigue or lethargy;
 - e. Skin lesions which have not been diagnosed or treated by a licensed health care practitioner; or
 - f. A temperature of:
 1. Oral temperature of 101 degrees Fahrenheit or higher
 2. Under arm temperature of 100 degrees Fahrenheit or higher

****Head Start and Child Care personnel take temperatures under the arm****
 3. Combined with any of the following:
 1. Diarrhea;
 2. Rash;
 3. Ear ache;
 4. Sore throat; or
 5. Vomiting.
 4. Oral temperature shall not be taken on children younger than 4 years or younger than 3 years if a digital thermometer is used. Rectal thermometers are not to be used at Head Start or Child Care facilities.
 5. Infants 4 months old or younger should be excluded when axillary (armpit) temperature is 100°F or above, even without a change in their behavior

3. When a child exhibits symptoms of illness as specified above, Head Start or Child Care personnel shall contact the child's parents and inform them of the need to pick up their child from the program.
4. Head Start and Childcare personnel shall provide any child who is ill an opportunity to rest or an opportunity to do a quiet activity in a comfortable, private, supervised area until parents arrive to pick up the child from the program.
5. When any Head Start or Child Care personnel or children in the program have symptoms of or are known to have a communicable disease, center director, site manager or his/her designee shall contact the Bureau of Disease Control and Prevention for instructions regarding whether the ill individual is required to be excluded from the program and to determine reporting requirements in accordance with RSA 141-C:7 and He-P 301.03(d) and (e), He-P 301.03(i) and He-P 301.05(i)(1)b.
6. If a child leaves due to illness, he/she will not be permitted to return to the center that same day. If an infection requires antibiotics, (conjunctivitis, ear infection, strep throat, or other infection), the child must remain home for the first 24 hours of antibiotic treatment. Children must be fever free, without fever-reducing medication, for 24 hours before they may return to the center. If diarrhea or vomiting as described above occurs, the child must be symptom free for 24 hours before returning to the center. Rashes or skin lesions require a doctor's note before returning to the center.

Communicable Diseases Policy

A communicable disease is one that is spread from one person to another through a variety of ways, including blood, bodily fluids, air, or by insect.

All programs adhere to the State of NH Licensing Rules regarding Communicable Diseases in accordance with the following:

1. Head Start and Child Care personnel shall observe each child each day upon arrival and throughout the day for injuries and symptoms of illness. A child shall not be denied admission or sent home unless one or more of the following conditions exist. The parent, legal guardian, or other authorized by the parent shall be notified immediately when a child has a sign or symptom requiring exclusion from the facility as described in the Child Illness Policy/Procedure.
 - a. The illness prevents a child from participating comfortably in facility activities.
 - b. The illness results in greater care than child care personnel are able to provide without compromising the health and safety of the ill, injured child, or the other children in their care.
2. Each Head Start and Child Care center will be equipped with a "Communicable Disease in Schools and Pre-Schools Handbook" printed by the Division of Public Health Services, Disease Control. Head Start and Child Care staff will be trained by the Health Coordinator to utilize the information on specific diseases, to recognize symptoms, and to follow the recommendations given. Head Start and Child Care staff will follow standard procedures and OSHA regulations (i.e., frequent hand washing, use of gloves, disinfecting of community areas, etc.) to prevent the spread of diseases. Head Start and Child Care staff will report any suspicion of a communicable disease to the Health Services Coordinator or Population Health Sr. Program Manager at the earliest possible opportunity.
3. When no physician or healthcare provider is in attendance, reportable communicable diseases listed in He-P 301.02 (a) (1)(2), shall be reported by the Health Services Coordinator or Population Health Sr. Program Manager to the Division of Public Health Services, Bureau of Disease Control in accordance with RSA 141-C:7.
4. Head Start and Child Care centers will not accept for care, any child with a communicable disease until the child has received medical treatment and is no longer contagious per doctor's written confirmation.
5. When a reportable communicable disease has been diagnosed among staff or children, the Site Director or Site Coordinator shall display, in a prominent location in the center, a notice which includes the name of the

disease.

6. Head Start and Child Care staff shall be excluded from the center if they have symptoms of illness as mentioned above in item one (1). He/she shall be excluded until they receive medical treatment which ensures they do not have a communicable disease or until they are symptom free.

Head Lice Policy

Any child who is found to have live head lice will be sent home for at least one day or until treatment is complete. The family advocate/home visitor will provide the family with the head lice treatment checklist to assist them in the treatment and elimination of head lice in the home. Before your child re-enters the classroom, a head check will be done by a staff member. The parent or guardian needs to remain with the child until the head check is finished. If the head check again reveals live lice, your child will need to return home for additional treatment. If no evidence of live head lice is present, the child may remain in the classroom.

If head lice continue to be an ongoing issue for a child and regular attendance becomes a problem, the Health Services Coordinator will be contacted. The Health Services Coordinator may make a home visit to assist, using the lice treatment checklist as a guide. Please do not attempt to return your child to the Center before you are SURE all live lice have been killed and/or removed. It can be very upsetting to a child to be sent home repeatedly.

Fortunately, head lice can be taken care of simply with special medicated shampoos, fine-toothed combs, and proper disinfecting of personal items. Several medicated shampoos are available at local stores without a prescription. If you choose to use a prescription shampoo, contact your child's doctor.

Head lice and their nits can live on any head. It is NOT true that lice are only associated with uncleanliness.

If you have any questions or need assistance, please contact the Health Services Coordinator.

Health Insurance Portability & Accountability Act (HIPAA)

The HIPAA Privacy Act requires that notice be given to all Head Start families addressing the use and disclosure of individuals' protected health information.

Community Action Partnership of Strafford County (CAPSC) is required by law to maintain the privacy of each family's health information. We are required by HIPAA to provide each family with a notice of our privacy practices and their rights concerning health information. CAPSC reserves the right to revise or change the notice as necessary. If there is any significant change the family will be notified.

We may use or disclose health information to provide or coordinate health care services between health care providers. We may use or disclose health information for operational purposes. For example, health information may be used to conduct quality assessment and improvement activities or for program planning and development. It may also be used for Federal review, for auditing services, or reporting to meet State and Federal requirements. CAPSC may contact the family to provide appointment reminders or other health related benefits or services that might be of interest to them. Health information may be disclosed to avert a serious threat to the health or safety of a family or any other persons pursuant to applicable law.

Any other use or disclosure of personal health information other than referenced above will require CAPSC to obtain additional written authorization. The family has the right to revoke any such authorization. The family also has the right to request restrictions or limitations on the medical information we use or disclose.

CAPSC staff will pay particular attention to the following to maintain the family's privacy by:

- 1) Securing family records containing personal health information so they are not available to those who don't need them.
- 2) Avoiding discussing personal health information within hearing distance of others.
- 3) Not leaving personal health information on telephone answering machines.
- 4) Not including personal information in open reception/waiting areas.
- 5) Limiting family information on bulletin boards, computer screens, and/or other areas that may be visible to the public or others.
- 6) Promptly filing folder containing medical records or family information.

Parent & Community: Grievance Procedures

INTENT

Community residents, in addition to Head Start parents, are encouraged to discuss any issue, or concern they may have with the Head Start Program at any time. When these persons are experiencing an extreme dissatisfaction with aspects of the Program they have the right to file a grievance.

It is the responsibility of the Child & Family Services Director to hear promptly and courteously all grievances registered in good faith by the parents of Head Start children and all other members of the community.

Whenever a complaint arises, every effort will be made to clarify any misunderstanding and make reasonable adjustments in a reasonable amount of time.

PROCEDURE

1. Any grievance can be submitted in writing to the Child & Family Services Director at 577 Central Ave, Suite 10, Dover, NH 03820. Grievances / complaints will be documented and processed. Every effort will be made to resolve any issue in a timely manner to the satisfaction of all parties.
2. If the matter cannot be resolved, the Child & Family Services Director will consult with the CEO and all interested parties to further review and determine the outcome of said grievance. A decision will be remitted within five (5) working days of receipt of the grievance.
3. If the grievance is still not resolved to the satisfaction of the complainant, then a request may be made to bring the grievance before Policy Council. Request for placement on the Policy Council agenda must be done seven (7) business days prior to the next regularly scheduled meeting.
4. If the decision is not to the satisfaction of the person(s) submitting the grievance, that person(s) may appeal to the Community Action Board of Directors, whose determination will be final.

Prohibited Individuals' Policy

Prohibited Individual: Any individual subject to any order limiting or prohibiting his or her ability in any way to have contact with a specific child(ren) or children generally.

This includes any individual who has been convicted of a sex offense and who is required to register with the New Hampshire Sex Offender Registry.

Notice: Any adult listed on a child's application for admission into a ECE program, known to be living in the family home or listed on the authorized child pick up form will be reviewed through the New Hampshire Criminal Offender Registry (a public database) to determine whether he/she is considered a prohibited individual. This includes:

1. The child's parent's (biological, adoptive, or foster), guardian's, or custodian's spouse, domestic/civil partner, or significant other.
2. Any other individual who will at any time and for any reason have any contact with Head Start on the child's behalf, including but not limited to, grandparents, aunts/uncles, siblings, romantic partners, or friends.

Additionally, all enrolled families must affirmatively notify the Program if any of the above-mentioned individuals become Prohibited Individual following the completion of the application.

CAPSC will not disclose any notification made pursuant to this rule to any individual other than CAPSC personnel unless compelled by law to do so.

Presence on Head Start Property: All Prohibited Individuals (even those who are parents, guardians, or custodians of a child in the Head Start/Early Head Start program) shall not:

1. Be present on any CAPSC ECE property for any purpose without written permission from the CEO
2. Be engaged in any conversation or interaction with any child other than their own in the Head Start facility.
3. Operate, manage, be employed by, or act as a contractor or volunteer at CAPSC ECE.
4. Volunteer, chaperone, or otherwise participate in any field trip, school function, or event sponsored, either directly or indirectly, by the ECEP.

Written Permission:

The CEO or designated Director may, at his/her discretion, grant a Prohibited Individual written permission to be present on ECEP property for the following reasons:

1. To attend a conference at the school with school personnel to discuss the academic or social progress of the parent, guardian, or custodian's child.
2. To attend any other conference or meeting at the request of a school administrator.
3. To facilitate picking up or drop off of a child at designated times and locations.
4. To attend to a medical emergency directly involving the child.
5. For any other reason deemed appropriate by the Director.

The Director has full discretion to withhold or revoke written permission at any time for any reason.

If written permission is granted, it shall include the conditions under which the Prohibited Individual may be present on Head Start property, including:

1. The precise location in the facility where the individual may be present;

2. The precise time the individual may be present in the facility;
3. The reason the individual may be present in the facility;
4. The precise duration of the individual's presence;
5. A detailed description of how the Prohibited Individual will be supervised while present in the facility to ensure that the Prohibited Individual is not left alone with a child;
6. The written permission shall be signed and dated by the Executive Director, and the Prohibited Individual. A copy will remain on file with Head Start and a copy will also be provided to the Prohibited Individual.

If the Prohibited Individual cannot, for any reason, comply with any provision in the Written Permission, he or she is not permitted to be present on ECEP Property.

COVID-19 Protocol

Subject: COVID-19 Protocol, Program Year 2022-2023	Revision Date: 9/13/2021, 4/2022, 8/24/2022, 8/14/2023 Review Date: 6/2022, 8/2022, 2/2023, 4/2023
Department: Child & Family Services; HS, EHS & ECE	Community Action Partnership of Strafford County Head Start / Early Head Start
PC Approval Date:	CAPSC BOD Approval Date:

PROCEDURE:

COVID-19 is most commonly spread through respiratory droplets when an infected person talks, coughs, sneezes or sings.

All Guidelines below will also be used in combination with other mitigation strategies. It will be important to layer as many strategies as possible to reduce the transmission of COVID-19.

1. Communication

- Families and staff will be updated on urgent changes by classroom staff via Classroom Dojo.
- Other nonurgent changes will be sent via Classroom Dojo and/or email.
- Families should communicate with teachers, family advocates, and/or site supervisors for any questions.
- Health Services Coordinator will check COVID-19 hospital admission rates weekly and report rate changes to site supervisors via email.

2. Vaccination

- All CAPSC employees are REQUIRED to have necessary updated vaccinations including the COVID-19 vaccine unless exempt for documented medical or religious reasons. Exempt staff will communicate with Human Resources and their supervisor for potential testing requirements and instances of illness.
- Volunteers are not required to be vaccinated to participate in activities.

3. Face Masks

- All staff and Children age of 2 years and older may be asked to wear a clean face mask in all indoor settings when hospital admission rates of Covid-19 are considered moderate to high for Strafford County.
 - Regardless of vaccination status.
 - Masks are optional at low hospital admission rates unless for individual requirements based on infection listed below.
- Masks will not be required in outdoor settings, during eating, or napping, regardless of rates.

- When masks are required, children must come into class with their own clean mask (cloth or disposable).
- Backup masks will be provided for each classroom in case a mask is soiled or forgotten.

5. Screening

Screening for risk of COVID:

- If a child is exhibiting any of the following as **new or unexplained** symptoms;
 - Fever/chills (measured 100.4°F)
 - Persistent cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - Severe runny nose or nasal congestion
 - Fatigue
 - Headache
 - New loss of taste or smell
 - Nausea or vomiting
 - Diarrhea

The CAPSC Illness Policy will be adhered to for all cases of suspected illness of any kind, regardless of a negative Covid-19 test result.

CAPSC may reinstate health screenings at drop off when Strafford County has moderate to high hospital admission rates of Covid-19.

6. Stay at home when sick

- If the child is sick, please stay home and follow our Illness Policy.
- When rates are low, testing is recommended but not required, and the child Illness Policy will be followed.
- When rates are moderate to high, a covid test or the required quarantine time listed below will be required.
 - If your child is experiencing ***NEW or UNEXPLAINED*** symptoms, ***and COVID-19 hospital admission rates are MODERATE TO HIGH***, you may either test for COVID and/or stay home for 5-10 days.
 - If you test **positive**:
 - Provide a picture of the results to the classroom teacher, family service worker or site supervisor with the date tested and child's name on the test.
 - Quarantine for 5-10 days, depending on ability to follow masking requirements.
 - If the child is able to reliably wear a mask, they can return to the classroom on days 6-10 after testing positive and will need to wear a mask during indoor activities other than eating and napping. Staff can use their discretion as to whether a child can reliably wear a mask in the classroom.
 - All children younger than 2 should quarantine for 10 days as they are not recommended to wear a mask.
 - If you test **negative**:
 - Provide a picture of the negative results to your teacher, family service worker or site supervisor, with the date tested and child's name on the test.
 - Stay home until symptoms have improved and/or resolved, and are fever and diarrhea free for 24 hours without medication.
 - **ALLERGIES:** if your child has KNOWN seasonal allergies, please provide a doctor's note to your classroom teacher, family service worker, or site supervisor as soon as possible.

7. Increase Ventilation

- When able, doors and windows to the classroom will be opened in the safest way.

8. Clean and Disinfect

- The buildings and classrooms will be cleaned and disinfected on a regular basis by staff and a contracted cleaning company.
- High touch surfaces in the classroom will be frequently disinfected by the teachers throughout the day.
- Water play is allowed, but needs to be cleaned daily.

9. Isolation

Regardless of vaccination status and hospital admission rates, if your child tests positive for Covid-19

- They may return to the classroom 5 days from their test date if they meet ALL of the below criteria.
 - If symptoms have improved at 5 days from their test date,
 - Has been fever and diarrhea free without medication for 24 hours,
 - Is able to reliably wear a mask during indoor activities.
- For children who's symptoms have not improved by 5 days, they will be asked to stay home until they meet the above criteria.
- For children who had moderate illness (shortness of breath/difficulty breathing), or severe illness (hospitalization) due to COVID-19, or have a weakened immune system, they need to isolate through day 10.
- For a Covid-19 positive household exposure, when the children have no symptoms, they are not required to isolate, and should continue to attend the program unless they develop symptoms.

Isolation (staff)

1. Follow CAP's policy for COVID and illnesses.

10. At Home Testing

- Home tests and tests conducted by medical professionals are both accepted as proof of negative and positive results.
- To provide home test results, send a picture of the home test, with the child's name and the date of the test, to your teacher, family service worker or site supervisor. They will provide further instructions. Home testing is only for ages appropriate for the specific test's recommended population, typically 2+. Children under 2 should be tested by a healthcare professional.

11. Medically compromised individuals

- The Population Health Senior Program Manager and Health Services Coordinator may require further mitigation measures to ensure the health and safety of a medically compromised student or staff member.

This policy supersedes the child illness policy when applicable.