

Head Start / Early Head Start



2017-2018 Family Handbook/School Calendar

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Section I General Information

iNCLUSION 
STARTS
WITH 

CENTER CONTACT INFORMATION

Name of Center: _____

Address: _____ E-mail: _____

Phone Number: _____

Supervisor: _____

Family Support Specialist: _____

Child's Teacher: _____

Child's Teacher Assistant: _____

Time Class Begins: _____ Ends: _____

CHILD'S PHYSICAL AND DENTAL REQUIREMENT

Child's *Physical* Due by: _____

Child's *Dental* Due by: _____

HEAD START/EARLY HEAD START (HS/EHS) MANAGEMENT AND SUPERVISION TEAM

Main Office Number — (330) 376-7730

Allyson V. Lee Jessica Hurst Rosalyn M. McDonald Vanessa Beard Loreen Rorar Yu-Ling Yeh Alice Marie Ohlin Glenda Smith Mary Alice Bishop Linda Fox Jill Holland, MS RD/LD Angela Alford	Head Start/Early Head Start Director Assistant Head Start Director Recruitment & Enrollment Administrator Non-Federal Share Administrator Assistant to the Head Start Director Education Coordinator Special Needs/Disabilities Coordinator Special Needs Itinerant/Project Coordinator Family Development Coordinator Health Services Coordinator Nutrition Coordinator Facilities Coordinator	<u>Child Development Center Supervisors & **Assistant Supervisor</u> Sherri Green HS/EHS at Cedar Kalessa Edgerson HS/EHS at Five Points II Parivash Naini HS at Five Points I Sarah Osborn HS at David Bacon Michelle Richardson HS at Arlington Jacqueline Ricks HS/EHS at Summit Lake Pamela Shuck HS at Macedonia Jennifer Smith HS /EHS at Waterloo & Home-based Cari McCrork HS at Oak Creek Sharon Watson HS at Barberton **Michelle Rubens HS at Portage Path
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Malcolm J. Costa, President/CEO



5-STAR RATED CENTERS AND LOCATIONS



Head Start @ Arlington 539 S. Arlington St, Suite A Akron Ohio 44306 330-786-1060 5-Star SUTQ Rated	Head Start @ Five Points I 660 West Exchange St. Akron, Ohio 44302 330-643-0700 5-Star SUTQ Rated	Head Start @ Oak Creek 1335 Massillon Road Akron, Ohio 44306 330-733-2290 5-Star SUTQ Rated NAEYC Accredited	Head Start /Early Head Start@ Waterloo 1205 E. Waterloo Road Akron, Ohio 44306 330-773-4862 5-Star SUTQ Rated
Head Start @ Barberton 315 East State Street Barberton, Ohio 44203 330-940-1111 5-Star SUTQ Rated	Head Start @ Five Points II 670 West Exchange St. Akron, Ohio 44302 330-253-6221 5-Star SUTQ Rated	Head Start @ Portage Path 55 S. Portage Path Akron, Ohio 44303 330-761-7918 5-Star SUTQ Rated	Head Start/Early Head Start @ Summit Lake 390 W. Crosier Street Akron, Ohio 44311 330-940-1090 5-Star STUQ Rated
Head Start @ David Bacon 181 Strecker Drive Tallmadge, Ohio 44278 330 -572-8540	Head Start @ Helen Arnold 450 Vernon Odom Blvd. Akron, Ohio 44307 330-761-1621 5-Star SUTQ Rated	Head Start @ Robinson 1156 4th Ave. Akron, Ohio 44306 330-761-5593 5-Star SUTQ Rated	<hr/> <p style="text-align: center;"> Centralized Recruitment & Enrollment Office (CREO) 670 West Exchange Street Akron, Ohio 44302 330-643-0711 330-376-2423 </p>
Head Start /Early Head Start@ Cedar 442 Bell St., Suite A Akron, Ohio 44307 330-535-4746 5-Star SUTQ Rated	Head Start @ Macedonia 852 Highland Road Macedonia, Ohio 44056 1-800-963-4971 5-Star SUTQ Rated	Early Head Start Home-Based@ Waterloo 1205 E. Waterloo Road Akron, Ohio 44306 330-773-4862	

The **Emergency Evacuation Location** for my child's center is:

Address: _____

General Hours of Operation: 7:30 AM - 5:30 PM

For additional information, log on to our web site: www.ascainc.org



PROGRAM PHILOSOPHY & SERVICE DELIVERY

- 1) Promotes school readiness of children ages birth to 5, from low-income families by enhancing their cognitive, social and emotional development; services provided include education/child development, health, nutrition, mental health, special needs/disabilities, pre/post natal services, community services and parent/family engagement
- 2) Partners with pregnant women and their families to support healthy pregnancies and positive child outcomes
- 3) Engages parents, family and community to support children's transition from prenatal to kindergarten and life-long learning

FACTS AND IMPACTS

Children that participate in Head Start programs receive innumerable benefits. These advantages appear immediately, last a lifetime, and even have an effect on other generations. The effects are particularly strong amongst certain subgroups of children, particularly Hispanic and African-American children, dual language learners, children who are homeless or in foster care, those who qualify for free lunch, and those whose mothers didn't graduate high school. When disadvantaged children receive high-quality birth-to five education, such as Early Head Start plus Head Start, the return on investment can be as high as 13% annually (Garcia et al, 2016). The advantages Head Start children experience include:

By the end of the program:

- Head Start children make progress towards norms in language, literacy, and math. Head Start children also score at the norm on letter-word knowledge by the end of the year. (Aikens et al., 2013; Bloom and Weiland, 2015)
 - Early Head Start children show significantly better social-emotional, language, and cognitive development. Children who attend Early Head Start and transition to Head Start are more ready for kindergarten than children who do not attend Head Start. (Love et al., 2002)
 - The Head Start Impact Study found Head Start children scored better than a control group of children in all measured domains of cognitive and social-emotional development. (U.S. Departments of Health and Human Services, 2010)
 - Head Start children in foster care or other non-parental care are more ready for school. (Lipscomb et al., 2013)
 - Head Start children have better social skills, impulse control, and approaches to learning. Head Start children also decrease their problem behaviors, such as aggression and hyperactivity. (Aikens et al., 2013)
 - Obese, overweight, or underweight children who participate in Head Start have a significantly healthier BMI by kindergarten entry. (Lumeng et al., 2015)
 - Children in Early Head Start are more likely to be immunized and have services for children with disabilities (Love et al., 2002).
 - Head Start children are more likely to receive dental checkups and have healthy eating patterns than non-participants. They have lower body mass index (BMI) scores and are less likely to be overweight compared to children in other non-parental care. (Lee et al., 2013)
 - Children show additional gains in social-emotional development as a result of participating in Head Start at both 3 and 4 years old. (Aikens et al., 2013)
- (Source: NHSA Website—Center for Policy, Data, Research)

2017/2018 SCHEDULE AT- A- GLANCE

Early Head Start (Center-based/Home-based/Services to Pregnant Women)—Full-Day 11-Months Schedule

Parent Orientation: Monday-Tuesday, September 11-12, 2017

Children's Start and End Dates: Wednesday, September 13, 2017 – Tuesday, July 31, 2018

Head Start —Full-Day 11-Months Schedule

Parent Orientation: Monday-Tuesday, September 11-12, 2017

Children's Start and End Dates: Wednesday, September 13, 2017 – Tuesday, July 31, 2018

Head Start-Part Year: Full Day 9-Months and Part Day 9-Months Schedule

Parent Orientation: Monday-Tuesday, September 11-12, 2017

Children's Start & End Dates: Wednesday, September 13, 2017 – Thursday, May 24, 2018

Winter and Spring Break Schedules (Head Start Part Year Sites Only)

Children's Winter Break (All Sites): Monday, December 25, 2017 – Friday, January 5, 2018

Children's Spring Break (David Bacon Site Only): Monday, March 26, 2018—Friday, March 30, 2018

Children's Spring Break (Barberton and Macedonia Sites): Monday, April 2, 2018—Friday, April 6, 2018

Children's Spring Break (All Other Sites): Monday, April 9, 2018—Friday, April 13, 2018

All Sites: Agency Observed Holidays/No Child Contact Days

Other No Child Contact Days: October 27, 2017; January 2-5, 2018; April 30, 2018, June 14 & 15, 2018;

Labor Day	1	Monday, September 4, 2017
Veteran's Day	1	Friday, November 10, 2017
Thanksgiving & Day After	2	Thursday/Friday, November 23 & 24, 2017
Christmas Day	1	Monday, December 25, 2017
New Year's Day	1	Monday, January 1, 2018
Martin Luther King Day	1	Monday, January 15, 2018
President's Day	1	Monday, February 19, 2018
Good Friday	1	Friday, March 30, 2018—(Agency Closed at Noon)
Memorial Day	1	Monday, May 28, 2018
4th of July	1	Wednesday, July 4, 2018
Total	11	



Section II

School Readiness Information



WHAT IS SCHOOL READINESS?



The Head Start Approach—Head Start’s approach to school readiness is children are ready for school; families are ready to support their children’s learning, schools are ready for children and communities are ready to support children and families—**Ready Children. Ready Families. Ready Schools. Ready Communities.**

Children—School readiness goals are defined as “the expectations of children’s status and progress across domains of social and emotional development, perceptual, motor and physical development; cognition and general knowledge; language and literacy; and approaches to learning These goal improve readiness form kindergarten preparedness and appropriately reflect the ages of children birth to five that are participating in the program. Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning in life.

Parents/Families—For parents and families, school readiness means they are engaged in the life-term, lifelong success of their children. Head Start have long recognized and continues to recognize parents as primary teachers and advocates of their children. Therefore, school readiness support is provided to parents and families through the Parent Family and Community Engagement (PFCE) Framework (See page 13).

Partnerships/Collaborations—Engagements with schools (kindergarten teachers) and Head Start teachers are well established to support smooth transition for children and parents/families. Lastly, Head Start establishes partnerships with community providers to connect children and families to needed resources that supports the goals of children, parents and the entire family unit—Positive child outcomes and parent/family self-sufficiency!

Head Start Early Learning Outcomes Framework: Birth to Five Ready Children

Central Domains and Alignments

The Central Domains are broad areas of early learning and development from birth to 5 years that are essential for school and long-term success. The Domains are aligned with the curriculum (Creative Curriculum for Preschoolers and Creative Curriculum for Infants/Toddlers and Twos), child development assessment tool (Teaching Strategies GOLD) and State of Ohio Early Learning Development Standard (English Language Arts, Mathematics, Science and Social Studies)

Children with Disabilities—The Central Domains can be used for working with children with disabilities:

- To individualized instruction in order for children with disabilities to develop and learn the skills for developmental progression.
- To use the Framework in collaboration with specialists identified on the child's IFSP and IEP
- To identify children's strengths and abilities to ensure that learning opportunities are maximized and that children are fully included in all educational experiences and activities

Children who are Dual Language Learners—The Central Domains can be used for working with dual language learners:

- To ensure children who are dual language learners (DLLs) progress toward all goals in the Framework, including acquisition of English.
- To ensure continued development of the home language across the birth-to-5 period to support learning and development, including acquisition of English

	CENTRAL DOMAINS				
	APPROACHES TO LEARNING	SOCIAL AND EMOTIONAL DEVELOPMENT	LANGUAGE AND LITERACY	COGNITION	PERCEPTUAL, MOTOR, AND PHYSICAL DEVELOPMENT
▲ INFANT/TODDLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Cognition	Perceptual, Motor, and Physical Development
● PRESCHOOLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Mathematics Development	Perceptual, Motor, and Physical Development
			Literacy	Scientific Reasoning	

School Readiness Goals for Children Birth to Five: Ready Children

DOMAIN	SCHOOL READINESS GOALS
Social & Emotional Development (How your child gets along with others and deals with emotions)	1. Children get better at controlling their own emotions and Behaviors- Self Regulation 2. Children can form positive relationships with adults and peers.
Perceptual, Motor and Physical Development (How your child controls his/her body, both large and small muscle groups)	3. Children can control their large muscles for movement, coordination and balance. 4. Children can use their fingers and hands in small movements, as well as use tools for writing and drawn in
Cognition & General Knowledge (The act or process of knowing)	5. Children show beginning math skills including spatial relationships, creating patterns and using math concepts through every day routines. 6. Children show beginning math skills such as recognizing shapes, counting and connecting numbers to quantities. 7. Children show multiple ways to solve problems, problem solving skills, and symbolic thinking. 8. Children explore their surroundings through observing, manipulating, making predictions, classifying, comparing and communicating their findings to others.
Language & Literacy (How your child uses words to make him-or herself understood; how begins to use writing and understand written words in reading)	9. Children will be able to use words to express themselves, to understand language, follow directions, to have a conversation and to listen to stories in English or their native language. 10. Children, who are English Language Learners, will show progress in listening to, understanding and speaking English. 11. Children will be able to show alphabet knowledge through upper and lower case letter recognition, letter sounds and early writing skills by writing their first name. 12. Children will be able to show appreciation for books, awareness that language can be broken into syllables, or smaller pieces of sound in words, rhyming, and understanding of print concepts.
Approach to Learning (How your child interacts with new ideas or things)	13. Children will be able to express themselves through engaging with others through creative role play. 14. Children will be able to show a positive approach to learning through engagement, attentiveness, persistence, and curiosity.



Parent Family and Community Engagement (PFCE) Framework

The PFCE Framework fits into the realm of school readiness through seven outcomes related to *Ready Parents/Families*, *Ready Community*, *Ready Staff* and *Ready Children*. Children and families are equipped for school readiness by being involved with the seven outcome areas within the PFCE Framework. The seven outcomes are:

Parent and Family Engagement Outcomes: Ready Families

1. FAMILY WELL-BEING	Parents and families are safe, healthy, and have increased financial security.
2. POSITIVE PARENT-CHILD RELATIONSHIPS	Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.
3. FAMILIES AS LIFELONG EDUCATORS	Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.
4. FAMILIES AS LEARNERS	Parents and families advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals.
5. FAMILY ENGAGEMENT IN TRANSITIONS	Parents and families support and advocate for their child's learning and development as they transition to new learning environments, including Early Head Start (EHS) to Head Start, EHS/HS to other early learning environments, and Head Start to kindergarten through elementary school.
6. FAMILY CONNECTIONS TO PEERS AND COMMUNITY	Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.
7. FAMILIES AS ADVOCATES AND LEADERS	Parents and families participate in leadership development, decision-making, program policy development, or in community and state organizing activities to improve children's development and learning experiences.



Section III

Policies & --- Procedures

Child Abuse and Neglect Reporting

The State of Ohio requires child care professionals to report known or suspected incidents of child abuse and/or neglect. Under the law, ASCA Head Start/Early Head Start staff must report suspicions to Summit County Children Services (SCCS) or local law enforcement.

Supporting and enhancing positive family relationships continue to be a central goal of ASCA Head Start/Early Head Start. Your family support specialist has resources available to assist family members in preventing stressful situations from escalating. Throughout the year, each Head Start site will be promoting awareness of child abuse/neglect by distributing information and coordinating educational workshops for parents and caregivers.

Gun-Free / Weapon-Free / Smoke-Free Facilities

ASCA Board of Trustees adopted a resolution, on February 17, 2017 to maintain "Gun-Free Zones" for all Head Start/Early Head Start (HS/EHS) centers. This resolution continues to enforce the policy that **no firearms or weapons of any kind, including concealed handguns, are permitted in any area of the learning environment. Additionally, all facilities are smoke-free.**

Effective March 21, 2017, Ohio 131st General Assembly amended section 2923.126 Ohio Revised Code (ORC)/Senate Bill No. 199 to no longer include licensed child care programs in the list of the places concealed handguns are prohibited. However, the law allows child care programs to prohibit all weapons, including concealed handguns through their written policies. The only exception where a firearm/weapon may be carried is by a law enforcement official who can document that his/her jurisdiction requires ready and immediate access to the weapon.

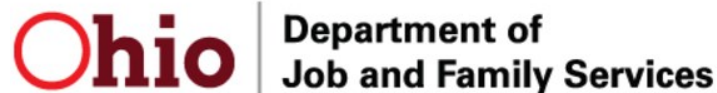
The local police department will be called to intervene in matters where firearms, weapons or any situation that threatens the safety of children, families and staff. Parents/families are our best partners in keeping children safe. Your partnership and support to comply with the "Gun-Free Zone" policy is critical in maintaining a safe environment. Therefore, parents, we are asking you to partner with us to maintain an environment for children to explore, develop and learn.



Child Care Licensing

The following is Parent Information Required by Ohio Administrative Code. Each center is licensed to operate legally by the Ohio Department of Job and Family Services. The license is posted in a noticeable place for review.

1. A toll-free telephone number is listed on the center's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing rules and rules governing child care are available for review at the center.
2. The administrator and each employee of the center is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.
3. Any parent of a child enrolled in the center shall be permitted unlimited access to the center during all hours of operation for the purpose of contacting their children, evaluating the care provided by the center or evaluating the premises. Upon entering the premises, the parent or guardian shall notify the Administrator of his/her presence.
4. The administrator's hours of availability and child/staff ratios are posted in a noticeable place in the center for review.
5. The licensing records, including licensing inspection reports, complaint investigation reports and evaluation forms from the building and fire departments, is available for review upon written request from the Ohio Department of Job and Family Services.
6. It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex, or national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat.32, 42 U.S.C. 12101et.seq.
7. For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit <http://jfs.ohio.gov/cdc/families.stm>



Program Options and Operating Months

Full Day/11-Month Option: Classrooms are in operation September—July, Monday through Friday, between 7:30 a.m. and 5:30 p.m. (classroom schedules varies), except on scheduled no child contact day, holidays, and staff professional development days.

Full Day/9-Month Option: Classrooms are in operation September—May, Monday through Friday, between 7:30 a.m. and 5:30 p.m. (classroom schedules varies), except on scheduled no child contact day, holidays, and staff professional development days.

Part Day Double-Session/ 9-Month Option: Classrooms are in operation September—May, Tuesday through Friday, 3.5 hours morning and 3.5 hours afternoon session (classroom schedules varies), except on scheduled no child contact day, holidays, and staff professional development days.

Sites located in non-ASCA buildings: Classrooms follow similar schedule based on program option, however, any building closure follows the building closing schedule of that facility.

Classroom Staff-Child Ratio and Group Size

Age	State Staff: Child Ratio	State Group Size	HS/EHS Staff: Child Ratio	HS/EHS Group Size
Birth to less than 12 mos.	1:5	12	1:4	8
12 to 18 mos.	1:6	12	1:4	8
18 to 30 mos.	1:7	14	1:4	8
30 to 36 mos.	1:8	16	1:4	8
3 Yrs. Old	1:12	24	1:10	15
4 & 5 yrs.	1:14	28	1:10	20
Mixed Ages	1:12	26	1:10	20

Home-Based Staff/Family Ratio

Early Head Start infant/toddler home-based option observes a ratio of 1:12 (one Home based Caregiver Teacher to 12 Families). Other staff support is provided based on the needs of individual family.

Services to Pregnant Women Ratio

Early Head Start services to pregnant women are supported by one Health Services Specialist and Licensed Practical Nurse. Other staff support is provided based on the needs of the pregnant woman.

Visiting the Center

Parents or guardians of a child attending the program have unlimited access during regular hours of operation. Upon entering the center, all visitors must sign in at the office. **Please turn off cell phones or set on vibrate upon entering the center.**

Siblings in the Classroom

In accordance with State Child Day Care Licensing Rules set by the Ohio Department of Job and Family Services, children, including siblings, not enrolled in the program are not permitted in the classroom.

Rest (Nap) Time

Children attending the full-day sessions will nap in their classroom on an assigned cot/crib labeled with his/her name.

Children attending Head Start should bring a blanket and pillow to use during rest/nap time. Items will be sent home on Fridays to be washed.

Sleep sacks are provided for children under 12 months. Infants are placed to sleep on their backs without blankets. Stuffed animals and pillows are prohibited for children under age three.

Children who do not nap are required to rest and/or do quiet activities on their cots.

Registration and Enrollment

ASCA Head Start/Early Head Start does not discriminate in the enrollment of children based on race, color, religion, sex or national origin. Registration is conducted at the Centralized Recruitment and Enrollment Office (CREO). For more information or to make an appointment for assessment, parents should call **(330) 643-0711 or (330) 376-2433**. No cost to eligible families. Applications and acceptance into the program are based on Priority Criteria Guidelines as outlined in the federal regulations and approved by the Summit County Head Start/Early Head Start Policy Council and Board of Trustees.

Child Health Requirement

Health Information Form: The Child Enrollment and Health Information form must be completed and returned to the center prior to the first day of school and updated annually.

Physical Examinations - A child's physical exam form must be completed within 30 days of program entry.

Immunization—A child's immunization must be up-to-date and provided within 30 days of program entry. A child will be accepted without immunization only when the parent/guardian provides a signed statement opposing their child being immunized due to religious or philosophical grounds or a statement from the physician stating that immunizations are medically unsafe or not appropriate for age.

Dental Examinations—A dental exam must be completed within 90 days of program entry. Exams are required beginning at age two.

Subsequent Year Participation—Each subsequent year your child is enrolled, updated age appropriate physical and dental exams are required.

Lead and Hemoglobin Screenings—Screenings must be completed within 90 days of entry and as recommended.

Home Visits and Parent Teacher Conferences

Each family will receive **two** home visits and **two** parent/teacher conferences during the school year. The first home visit will be conducted between September/October and the second during the months of February/March.

The first parent/teacher conference will be conducted between November/January and the second during the months of March/May.

Your child's teacher will work with you to schedule home visits and parent/teacher conferences.

Attendance Matters: Build a Habit of Good Attendance Early

School success goes hand-in-hand with good attendance! Start building this habit now so children will learn right away that going to school on time every-day is important. Good attendance habits will help children well into kindergarten and beyond. Our program reserves the right to re-evaluate a child's full day placement for potential part-day placement should inconsistent attendance persist. When your child is absent, it is your responsibility to call the center to let the staff know why your child is absent and how long he/she is expected to be out. For a successful school year, parents are asked to follow the attendance policy outlined below:

Daily Attendance

1. Children are encouraged to attend daily or as scheduled.
2. Class begins at established time, as posted in the classroom. All children should be in their classroom by the established start time.
3. Children enrolled in part-day double session attend Tuesday-Friday, 3.5 hours per day. Children enrolled in the full day sessions attend Monday-Friday, at least 8 hours per day.

Tardiness

1. Instruction begins promptly at the established class time. It is important that your child arrives on time.
2. Tardiness is arrival 30 minutes after the established class start time.
3. When your child is tardy four or more times, you will receive a reminder notification about the importance of your child being on time.
4. If tardiness persists, staff will work with you to implement an action plan to assist with management of barriers to attendance.

Absences and Notification of Absences

1. **If we do not receive a call from you, after one hour of classroom start time about your child's absence, we will call you or make a home visit to follow-up.**
2. You will receive notification if your child's attendance is inconsistent. At that time, your site supervisor will work with you to develop a plan to improve attendance.
3. If your child is absent for two consecutive weeks and we have had no success with parent contact or parent fails to engage in the development of an attendance plan, we reserve the right to fill your child's spot and place your child on the wait list.



Severe Weather Notification

Head Start/Early Head Start program is a child development/school readiness program. It is here to be a dependable and consistent place for children to come, grow and learn and a place parents/families can be supported while they engage in school, training program and/or work. Therefore, it is the general premise to keep classes open and available to children and their families. Should a closure or delay become necessary parents will be notified through primary and secondary ways of notification.

Primary Way of Notification

- **One Call Now:** Notification will be sent via the phone call, text and/or email address provided. **Parents are required to provide and maintain workable contact** that is their preferred method of notification. One Call Now phone notification supports English, Spanish and other languages. It is the parent's responsibility to inform their Site Supervisor or the Family Support Specialist for any changes.
- **Non-ASCA Sites:** Sites that are located within the APS facilities (Portage Path, Robinson & Helen Arnold) or other non-ASCA sites (David Bacon CDC), parents will be notified via those facilities' established systems and parents must follow the decision of those building administration. Check with your Site Supervisor for more information.

Secondary Ways of Notifications

I-Alert - This system notifies in the following ways:

- **WKYC-TV3**— Television
- **Radio Stations:** WTAM AM; WMVX FM; WMJI FM; WGAR FM; WAKS ; WMMS FM; WHLO AM; WKDD FM; WARF AM; WCPN FM; WCRF FM; WCLV FM
- **Weather PLUS:** Time Warner Digital 522

With the I-Alert system (Television, Radio Stations and Weather PLUS), ASCA site closings or delays will be listed as follows, under Summit County category:

1. ASCA Head Start **Barberton** (for the Barberton Location ONLY)
2. ASCA Head Start **Macedonia** (for the Macedonia Location ONLY)
3. ASCA Head Start **Akron** (for all Akron locations, except for sites located in the Akron Public Schools facilities and any other non-ASCA sites as defined above).

Home-Based Families & Pregnant Women Notification

Severe weather notification to families enrolled in the infant/toddler home-based option and pregnant women enrolled in the home-visiting program will be communicated through the same primary and secondary outlined on the opposite side of this page (See Severe Weather Notification).

Observed Holidays / Centers Closed

The following holidays are observed and all center will be closed: New Year's Day, Martin Luther King Jr. Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day after, and Christmas Day. See page 16 for more information or contact your child's center supervisor for more information.

Holiday Celebrations and Parties

Children and families in the program represent a diverse ethnic and religious population. We try to recognize and support the uniqueness of each child and their family. While remaining true to the culture of which we are a part of, we choose to keep holiday celebrations to a minimum. We believe that it is best for the children to keep the aspects of commercialism and over-excitement at a minimum in the center during holiday times. We ask parents to celebrate holidays and birthdays at home. To make sure that we carry out all of our planned educational activities, we prioritize the use of classroom time for curriculum.

Fall / Winter / Birthday Celebrations

- **Fall Festival/Harvest Celebration** will be conducted during the month of in October; no costumes permitted during celebrations.
- **Winter Celebration** will be conducted during the holiday season
- **Birthdays** are celebrated monthly in the classrooms—instead of treats and cakes, birthdays are celebrated with fun activities. This option helps support our goal of serving our children nutritious foods. Therefore, in lieu of food/cake from home being brought to the site to celebrate children's birthdays, parents are requested to bring non-food items for the classroom, if desired. To minimize complications, parents are encouraged to discuss any birthday plans with classroom teachers

Classroom Arrival and Departure / Custody Agreements / Up-to-date Information

Child Arrival

Arrival from Home: Children must arrive at their scheduled start time. Parents must accompany children to their assigned classroom and scan/sign their children in and make teachers are aware of children's arrival.

Arrival from Another Program/Activity: If a child is scheduled to arrive another program or activity and does not arrive, as schedule, the parent will be contact and action plan will formulated in partnership with the parent.

Child Departure / Release of Child

Departure of Children: For the protection of the children, parents are required to complete and sign a release form giving the names and relationships to the child of any person (s) authorized to pick-up the child from the center.

Authorized Representative: The parent's authorized representative, who must be at least 18 years old, will be asked to show a valid ID with a picture. **No child will be released, even in case of emergency or late pick up, unless the person's name is listed on the emergency pick-up list.**

Release of Children: Staff will not release children to anyone, including parents, who appear to be under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home. Police will be notified if necessary.

Child On-Time Pick-up & Failure to Pick-up Child

All children must be picked up at the scheduled class end time. A late pick-up is considered 15-minutes after the scheduled class end-time. **Ongoing late pick-up will not be tolerated.** If a child is not picked up during the scheduled pick up time, reasonable efforts will be made to contact the parent and all authorized persons listed on the release form.

It is considered child neglect if a parent does not pick up his/her child. If staff is unable to reach the parent or any of the emergency contacts, the local police department and Summit County Children Services will be called. A parent who is continuously late to pick-up his/her child will be required to meet with the site supervisor to discuss the matter and develop a plan for pick-up that will be more effective.

Custody Agreement

If there are custody issues involved with your child, you must provide the center with court orders indicating who has permission to pick up the child. The center will not deny a parent access to their child without proper documentation.

Emergency Contacts: Up-to-Date Information

In cases of emergency and/or need for immediate child pick-up and center staff needs to make contact with you, parents are reminded of the following:

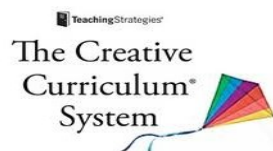
- To keep all your contact numbers current
- To keep your cell phone and/or primary contact line on and/or open during school hours so that you may be reachable should a situation require your immediate attention
- To keep current the names and contact numbers of every person you identified as an emergency contact, should you be unable to be reached.



Program Curricula

Head Start

The **Creative Curriculum® for Preschoolers** is used in the Head Start classroom. It is research-based and aligns with Head Start Child Development Early Learning Framework and State Early Learning and Development Standards. The curriculum supports good habits and attitudes, particularly a positive sense of self and identify goals in all areas of child development and learning content areas: 1) *Social*: To help children feel comfortable in school, trust their new environment, make friends, and feel they are a part of the group. 2) *Emotional*: To help children experience pride and self-confidence, develop independence and self-control, and have a positive attitude toward life. 3) *Cognitive*: To help children become confident learners by letting them try out their own ideas and experience success, and by helping them acquire learning skills such as the ability to solve problems, ask questions, and use words to describe their ideas, observations, and feelings. 4) *Physical*: To help children increase their large and small muscle skills and feel confident about what their bodies can do. The curriculum also supports school readiness central domains, children with disabilities and children who are dual language learners



Early Head Start—Center-Based

The **Creative Curriculum® for Infants, Toddlers & Twos** is used in the Early Head Start classroom. It is research-based and aligns with Head Start Child Development Early Learning Framework and State Early Learning and Development Standards. The curriculum helps caregiver teachers appreciate and find joy in the everyday discoveries that delight a child—the sound a rattle makes; the leaves blowing in circles by the wind; the ball that unexpectedly rolls across a child's path; the ants marching across the pavement. It is a comprehensive curriculum that helps teachers achieve the very best programming for children under three. If the interactions children have are nurturing, consistent, and loving, and the experiences they have are appropriately challenging, then infants, toddlers, and twos grow and flourish. In such an environment, children learn to trust and joyfully explore their surroundings, making discoveries and developing a sense of themselves as competent learners and caring human beings. The curriculum supports children with disabilities and dual language learners.

Early Head Start—Home-Based

Parents as Teachers (PAT)® curriculum is used in the Early Head Start Home-based for children birth to three. For children and parents, the research-based curriculum focuses on development of cognition, gross motor, fine motor, communication and social emotional.

The curriculum aims to help parents understand their role as the child's first teacher through the following objectives: 1) To increase parent knowledge of child development. 2) To increase parenting competence and feelings of confidence. 3) To enhance parenting skills and parent-child interactions. 4) To help to prevent abuse and neglect. 5) To foster the development of strong partnerships between parents and schools. 6) To provide early detection of developmental problems in children. 7) To increase children's school readiness and success. The curriculum supports children with disabilities and dual language learners.



Parents as Teachers®

Early Head Start—Pregnant Women

Parents as Teachers (PAT)® curriculum is used in the service delivery to pregnant women.

It is an evidence-based curriculum that supports education of pregnant families and teens, in the areas of: fetal development, the importance of nutrition, risks of alcohol, drugs and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices and father engagement during pregnancy and early childhood.

Assistance is also provided through referrals to support a healthy pregnancy and delivery, which continue after the infant is born.

Inclusion, Developmental Assessments, Screenings and Transition

Inclusive Education (Disabilities/Special Needs)

Head Start/Early Head Start provides an environment of inclusion for all children regardless of their abilities. Our classrooms are considered the Least Restrictive Environment (LRE), therefore partnerships are developed and maintained with Local Education Agencies (LEAs) and other service providers to ensure children receive education services that are aligned with the Individual Education Plan (IEP) or Individual Family Service Plan (IFSP).

If concerns arise during the program year, with parental permission, referrals are made for further evaluation. For children ages 0-3, referrals are made to the local Part C Early Intervention Agency, Help Me Grow (HMG). HMG along with the family will write an IFSP if child/family qualifies for services. The IFSP guide services for the child enrolled in Early Head Start. For children ages 3-5, referrals are made to the Local Education Agency (LEA). If the child qualifies for services, the Evaluation Team, including the family, will write the IEP. Stated goals in the IEP are supported through individualization in the classroom.

Developmental Assessments and Screenings

Assessments and screenings are conducted within 45 days of entry into the classroom. Assessment results are not shared with ODJFS pursuant to 5101:2-17-02 of the Administrative Code. All results are shared with parents. When results are of concern, parents and the appropriate service provider are connected to support early intervention. Developmental Assessment/Screening tools used are: 1) Dev-ereux Early Childhood Assessment (DECA) – This is a strength-based assessment tool designed to assess children's development and growth. The tool identifies needs and strengths and allows for individualizing the curriculum to help each child develop needed skills. 2) Teaching Strategies' GOLD—This tool measures the knowledge, skills and behaviors that are most predictive of school success. Children are assessed at least three times a year. Results are shared with parents and teachers use results to inform lesson planning. 3) Ages and Stages Questionnaire (ASQ)—This tool can identify developmental concerns for which children should receive appropriate services. The tool screens cognitive, communication, gross motor, fine motor personal/social of the child development for children birth to age five. 4) Other screenings include vision, hearing, and speech.

Transitions

Transition is an ongoing process, which may occur in many different stages during your child's course of learning. Our focus is on your child's transition from Early Head Start to Head Start and then to kindergarten. The process can ensure effective communication that provides opportunities for the family, the child, and the teacher to engage in conversation on behalf of the child. These opportunities help to celebrate the child's achievements as well as an opportunity to share any other information that will benefit the development of the child. Developmentally appropriate curricula are provided for Early Head Start children transitioning to Head Start and Head Start children transitioning to kindergarten. Smooth transitions are accomplished by our history of inter-agency collaboration; and coordinating with the local education agencies. Together we promote continuity of services and effective transitions.

The three major transition objectives that support the transition process are:

- 1) To establish program continuity from pregnant women into Early Head Start; children's transition from Early Head Start to Head Start and then to kindergarten
- 2) To promote the continued involvement of Head Start parents in the education of their children.
- 3) To provide education and training to parents preparing them to exercise their rights and responsibilities which will enable them to better participate in decisions about their child's education.

When children are developmentally ready to transition to Early Head Start or Head Start, the Teachers and the Family Support Specialists will work in partnership with parents to establish transition plans. Family engagement plays a critical role in a child's success in school. With the continued parent/teacher partnership and transition support services, we can ensure successful transitions from home to Early Head Start and Head Start to kindergarten.



What to Send with Your Child?

Appropriate Clothing

Children are involved in active play every day – both inside and outside. It is important that children come to school dressed appropriately. This includes:

- Comfortable clothing, which is easy to put on and take off (for easier toileting)
- Comfortable shoes, preferably sneakers. Open-toed, flip flop, or backless shoes are not permitted.
- Appropriate clothing for the weather/season (coat, mittens, hat in winter; boots for rain or snow). Note: Sun screen to be applied prior to child coming to the center.
- Children must have at least one complete change of clothing (labeled with child's name) at all times in case of messy play or a bathroom accident. This includes shirt & pants, underwear and socks.

Diapers for Infants/Toddlers

Diapers and pull-ups are provided. Diapers/pull-ups are checked regularly. Diapers are checked, at least, every two hours and are changed as needed. If you would like the diapers changed at a different time, you must request it in writing.

Hair Accessories on Infants/Toddlers

Beads, barrettes or clip for infants and toddlers are prohibited due to choking hazard. Most accessories are choking hazards for this age group.

Toys from Home

Please leave all toys home unless the teacher informs you otherwise. Toys brought to school can create problems in the classroom. The classroom is equipped with all of the toys and other manipulatives needed to support learning and development.

Outdoor and Other Play

Outdoor Play (Playground)

Outdoor play is provided in suitable weather. "Suitable weather is at a minimum 25°F (including wind chill) to 90°F". (ODJFS Child Care Licensing Rule 5101:2-12-17). Children will not engage in outdoor play if there are advisories that impact health and safety up to and including heat warnings, poor air quality, thunder or lightening, etc. Outdoor play areas are arranged to prevent children from leaving the area. Fences or natural barriers are used to ensure safety. As an extension of the classroom, children may conduct explorations outside of the classroom and in the surrounding neighborhood to investigate related to their project.

Water Activities / Swimming

Children will engage in water activities with active supervision with water that is less than ten inches in depth. Children will not engage in swimming activities.

Outdoor Exploration

During the year and when weather permits, outdoor explorations (walking field trips) may be planned. Explorations will be appropriate for all children and accessible for children with special needs. Outdoor explorations must comply with guidance, rules, regulations and be approved, in advance, by the Child Development Center Supervisor.

Outdoor exploration can be a positive experience, especially when children, parents and staff are well-prepared. Safety First!



Daily Routines and Sample Daily Activities Continued

Head Start Double Session (Tuesday—Friday)

Arrival

Use Library Center materials while waiting for group time to begin

Early Morning

Hand washing

Breakfast

Tooth brushing

Mid Morning

Small and large group activities that include:

Literacy, Art, Science, Math, Movement etc.

Late Morning

Outside or Indoor gross motor play (weather permitting)

Hand washing, Lunch, Tooth brushing

Preparation for going home

Departure

Afternoon Session

Arrival

Use Library Center materials while waiting for group time to begin

Early Afternoon

Hand washing

Lunch

Tooth brushing

Mid Afternoon

Small and large group activities that include:

Literacy, Art, Science, Math, Movement etc.

Late Afternoon

Outside or Indoor gross motor play (weather permitting)

Hand washing, Snack, Tooth brushing

Preparation for going home

Departure



Head Start Full Day (Monday—Friday)

Arrival

Free Choice

(Child picks activities to engage from any of the classroom learning areas such as: Dramatic Play, Blocks, Computers, Library, etc.)

Early Morning

Hand washing

Breakfast

Tooth brushing

Mid Morning

Small and large group activities that include:

Literacy, Art, Science, Math, Movement, etc.

Late Morning

Outside or Indoor gross motor play (weather permitting)

Hand washing

Lunch

Early Afternoon

Rest/ Naptime (Each child has assigned cot and is provided the opportunity to rest)

Mid Afternoon

Hand washing

Snack

Late Afternoon

Outside or Indoor gross motor play (weather permitting)

Free Choice of Play

Story time

Review of the Day

Preparation for going home

Departure



Daily Routines and Sample Daily Activities

Daily Routine

The daily routine consists of a balance of quiet and active play. Children are given opportunities to participate in various individual and group activities designed to develop positive feelings toward learning. Classrooms are arranged to support learning progressions. Learning areas may include, but are not limited to: dramatic play, blocks, science, math, games and puzzles, books, art, music, writing, and computers. Sample daily activities for Early Head Start and Head Start are provided to give parents a general understanding of the day. Actual classroom schedules and times are provided during parent orientation and are posted in all classrooms.

Early Head Start—Infant (Monday—Friday)

Infant schedule is individualized based on the needs of the infant. Trained caregivers teachers follow the lead of the infant's cues and needs are met on demand. The activities below outline a typical day (adjusted based on individual infant's needs)

- Good Morning (floor time, tummy time)
- Breakfast/Lunch/Snack (infants fed on their individual time schedule)
 - Oral Health Practices
- Rest Time on their individual time schedule
 - Free Choice of Play/ Outside Play
- Physical Health Practices (Hand washing)
 - Motor Activities
 - Language Activities
 - Pre-Literacy Activities
 - Cognitive Activities
 - Music & Movement
- Social-Emotional Activities
- Creative Art Activities

Early Head Start—Toddler (Monday—Friday)

Toddler schedule is individualized based on the needs of the toddler. Trained caregiver teachers follow the lead of the toddler's cues and offer opportunities for group participation. The activities below outline a typical day (adjusted based on individual toddler needs):

- Arrival
- Health Check
- Free Play
- Wash Hands
- Breakfast/Lunch/Snack
- Brush Teeth (after each meal)
- Outside Play (weather permitting)
 - Large Muscle Play
 - Fine Motor Activities
- Planned Activity for Toddlers (if they choose to participate)
 - Stories/Language & Pre-Literacy Activities
 - Music & Movement
 - Social-Emotional Activities
 - Cognitive Activities
 - Self-Help Activities
 - Creative Art Activities
 - Rest (Nap) Time
- Free Play/ Prepare for snack
 - Transition Activities
- Prepare for Departure



Behavior Management

Child's Behavior Management Guidelines

Head Start/Early Head Start uses Conscious Discipline Building Resilient Classrooms by Dr. Becky Bailey within all classrooms. Conscious Discipline is an evident based, comprehensive self-regulation program that integrates classroom management, social-emotional learning and discipline.

Should a child exhibit challenging behaviors strategies from Conscious Discipline and Devereux Center for Resilient Children will be used. Some of the strategies may include;

- Breathing Techniques to help child calm down
 - Review of classroom rules
 - Redirection to a different activity
 - Discussion with child about feelings and appropriate way to express them
 - Discussion to help the child understand the consequences of their behavior
 - Removal from the situation to allow time to calm down
- Physical forms of punishment are **NOT** permitted. Parent/guardian will be informed of child's behaviors and all strategies used in the classroom.

The HS Disabilities Team and contracted Early Childhood Mental Health Consultants are available to support the classrooms and families dealing challenging behaviors.

Challenging behaviors that are persistent will be handled on an individual basis allowing intervention to be designed to meet the needs of the child, family and program. Suspension will be limited, temporary, and used as a last resort with extreme cases. Some of action steps may include;

- Conference with parents
- Consult with Early Childhood Mental Health Consultant
- Consult with Child's Physician
- Consult with other community resources
- Development of a Behavior Intervention Plan

Referral to outside agencies (Local Education Agency/HMG/ Counseling/ Specialist) Once strategies are agreed upon and implemented continued conferences will be held with all appropriate parties to review and update as needed.

Suspension and Expulsion

Children will not be expelled or un-enrolled from Head Start/Early Head Start because of behavior. Head Start/Early Head Start is an inclusive program and supports all children. When a child exhibits persistent and serious challenging behaviors, steps will be explored to address the problem and facilitate resolution. All actions will be taken in partnership with the parent, applicable professionals, and in accordance with standards, procedures, and policies. All children matter!

Parent Behavior Management Guidelines

Parents are expected to conduct themselves in a manner that is productive to support their children's learning. Harmful behavior of parents toward children, staff, or other program participants including inappropriate language and/or verbal threats **will not be tolerated**. Any threats of harm/or physical assault toward staff or other children will result in prosecution to the fullest extent of the law.

Should parents experience issues with classroom or center staff, parents should comply with the parent resolution procedure (See page 40).



Sick Child Management

Ohio Department of Job and Family Services guidelines for the management of communicable diseases is followed by the Head Start/Early Head Start program. Staff are trained to recognize the signs of communicable diseases. A “*Health Alert*” will be sent home to parents to inform of any possible exposure to an illness and/or communicable disease of their children during the school day. Children should not report to school with the following signs or symptoms present:

- Diarrhea (three or more abnormally loose stools within a 24 hour period)
- Severe and/or excessive coughing
- Difficult or rapid breathing
- Yellowish skin or eyes
- Redness of eye, obvious discharge, matted eyelashes, burning, itching
- Temperature of 100 degrees Fahrenheit or higher
- Untreated skin patches, spots, rashes (i.e. ringworm)
- Sore throat or difficulty swallowing
- Infected pink patches
- Unusually dark urine, gray or white stool
- Vomiting more than one time or when accompanied by any other sign or symptom of illness
- Evidence of lice
- Stiff neck
- Open or draining wounds

If a child becomes ill, staff may take the following steps:

1. Isolate the child from the classroom under staff supervision.
2. Contact the parent to pick up the child as soon as possible.
3. Call the emergency contacts if we are unable to contact the parent.
4. Transport the child to the hospital, if condition does not improve and we have not been able to contact any authorized persons.

Staff may require written permission from a physician allowing your child to return to school depending on the diagnosis or severity of the communicable disease. Staff will inform the parent what conditions they must meet so that the child can return to school.

In the event of an outbreak of a vaccine-preventable illness, children who are exempted from immunization may be excluded from attending until risk for exposure ends. Guidance will be obtained from the local health department prior to excluding.

Medication Administration

Parents/guardians are primarily responsible for administering medication (prescribed or over-the-counter) to their children. Parents are encouraged to schedule medication doses during times when children are under parental supervision. If medication needs to be administered during class time, staff and parents must comply with day care licensing rules and federal regulations.

Medication at Site

Prescribed medication brought to the site must be accurately labeled as follows:

- Must be in the original, child-resistant container
- Clearly labeled by the pharmacist with child’s full name (first and last)
- Name and dosage of medication
- Date the prescription was filled and prescription number
- Name of the prescribing physician
- Medication expiration date

Over-the-Counter medication must be accurately labeled as follows:

- Must be in the original purchased container
- Must clearly be labeled with child’s full name (first and last)

Note: Expiration date of medication will be on the box. Dosage must be noted on the Request for Administration of Medication form.

Required Forms -Parents must ensure the completion of the following required forms prior to administration of medication; supplements, and modified diets.

- *Request for Administration of Medication* (Parent & Physician complete)
- *Child Care Plan for Health Conditions* (Parent completes)
- *Diagnostician Form* (Physician completes)

Medication (Administered by Parent and Sent to Center) - Parents must administer the first dose of medication at home. Staff is not permitted to give the first dose of any medication. It is the parent’s responsibility to document the time the child last received medication that day and notify teaching staff. **Medication must be hand-delivered to staff by parent.**

Drops/Withdrawal from Program—If a child leaves the program, parents must retrieve his/her medication. If medication is not retrieved, staff will contact parents for pick-up. Unclaimed medications will be discarded after one week.

Families Enrolled in Home-based Option -Parents/guardians will be responsible for administering medication to their child if they are enrolled in the home-based option. Staff is not permitted to administer any medication (prescribed or over-the-counter) during any home visit or family socialization.

Nutrition and Meal Services

Family Style Meals

Meals and snacks are provided and served family style in which food is placed on the table and the teacher and children sit together to enjoy the meal. Family style teaches portion awareness, hunger and fullness cues and exposes children to a wide variety of foods. Children learn and practice social and motor skills such as taking turns, passing food and scooping and pouring. Teachers model appropriate meal time behavior and lead the children in pleasant conversation. The time is also used to educate children about nutrition.

Menus are developed by a Registered Dietitian who ensures meals are nutritious, attractive and meet the United States Department of Agriculture (USDA) child requirements. Meals provide 1/3 to 2/3 of the Recommended Daily Allowance of nutrients for preschoolers. Copies of menus are posted at each center and sent home to parents. If a child arrives late to an AM session, they will be offered a nutritious breakfast. Outside food is not allowed in the centers. Food is not to be taken home.

Special Diets

If your child has a food allergy, needs a food supplement, or has other special dietary needs, that are documented by a physician, menu adjustments will be made. Head Start/Early Head Start also honors religious preference. Food preferences will not be honored. The center can help you obtain the required forms and physician's documentation to ensure your child's food needs are met.

Growth Assessment: Height & Weight Measurement

Children's heights and weights are taken, at least once during the program year.

Heights and weights are measured to analyze growth pattern for children ages three to five.

Parents will receive letters with their children's measurements and nutrition /physical education, at least once during the school year.



Infant Feeding

Parents will need to complete an Infant Preference Form. Formula will be provided by the center. Breast milk is encouraged and must be labeled with the infant's name, date of milk expiration and will be refrigerated immediately upon receipt at the center. All centers have a designated area for breastfeeding your child during school hours. Infants are always held during bottle feeding times.

USDA Program Discrimination Statement

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

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

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

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

(2) fax: (202) 690-7442; or (3) e-mail : program.intake@usda.gov.

This institution is an equal opportunity provider.

Emergency Preparedness

Emergency and Emergency Transport

- Please keep emergency and other contact telephone numbers up to date for emergency purposes.
- Staff will release children only to adults over the age of 18 and listed on the authorization form; photo ID is required.
- Authorized persons picking a child up from the center must notify staff of their presence and sign the child out.
- Copies of all court documents pertaining to custody arrangements must be on file at the center.
- If a child is involved in an accident while at the center, an *Incident Report* will be completed and will be provided to the person picking up the child.
- In the event an injury requires first aide or emergency transportation, the parent/guardian will be notified immediately. The center will call 911 and accompany the child to the medical facility in order to provide child information. Parents who deny emergency transportation, the program will allow the EMS to decide whether or not to transport the child. During a life-threatening situation, children will be transported.

Evacuation Plans and Safety Drills

- A center specific Emergency Evacuation and Lockdown Plans and Procedures are available on site
- Evacuation routes are posted within each classroom
- Infant Rooms are equipped with evacuation cribs for rapid evacuation during emergencies.
- Fire drills are conducted monthly
- Tornado drills are conducted monthly during tornado season (March—September)
- Lockdown drills are conducted quarterly based on the program year (November, January, April, July).

Lock Down Procedure

Scheduled Drills: Lockdown drills are conducted quarterly. Notification regarding drills will be sent to parents to provide information when drills are scheduled and will be conducted.

Procedure on Lockdown: Should our program have to go under a lockdown due to a situation in the community or because of a threat we will be prepared. We wanted to share our lockdown procedures with parents so you will know what is going on during a lockdown, and why we take the precautions we do.

1. When an administrator learns of a possible external threat, his or her first plan of action is to contact the police.
2. At the recommendation of police, a lockdown may be initiated. Different circumstances call for slightly different procedures, but at a basic level a lockdown means our exterior doors are locked and no one will be permitted into the facility.
3. Staff members take a count of the children they are with to make sure everybody is safe
4. During the lockdown, nobody is allowed to enter or exit the building. If we contact you about a lockdown, please do not go to the building until we say it is safe. You will not be able to enter, and the situation also may not be safe for you.
5. Our first priority is to ensure the safety of all children. We will also work to communicate with parents in a timely manner with the most accurate information we have at the time.
6. As soon as possible, we will try to communicate with parents through our One Call System and, when appropriate, our land line system.
7. When police tell us that the situation is contained and there is no immediate threat, the lockdown is lifted and we return to our normal schedule

These are basic guidelines for how we go through a lockdown. However, every situation is slightly different. Again, our first priority is for children's safety.

ACTIVE SUPERVISION

SIX STRATEGIES TO KEEP CHILDREN SAFE



Set Up the Environment



Position Staff



Scan and Count



Listen



Anticipate Children's Behavior



Engage and Redirect

Child Supervision

At no time will a child be left unattended. Staff will supervise children at all times, including naptime. If a child becomes ill, he/she may be isolated in a section of the room, but within the sight and sound of a staff member,

Keep Children Safe Using Active Supervision

Scan and Count—Staff are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions, when children are moving from one location to another.

Position Staff—Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support. Their location helps them provide support, if necessary.

Listen—Specific sounds or the absence of them may signify reason for concern. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, bells added to doors help alert staff when a child leaves or enters the room.

Engage and Redirect—Staff use what they know about each child's individual needs and development to offer support. Staff wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

Set Up the Environment—Staff set up the environment so that they can supervise children and be accessible at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that staff can observe.

Anticipate Children's Behavior—Staff use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs staff's observations and helps them anticipate children's behavior.

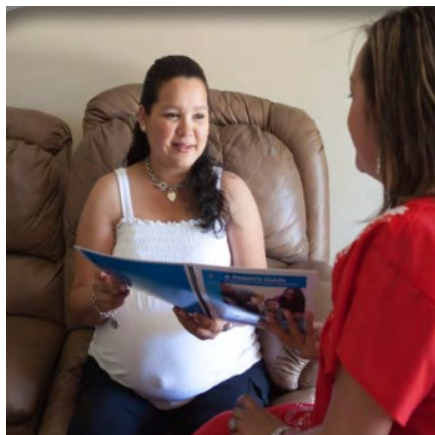
Early Head Start—Services to Pregnant Women

Healthy Pregnancy and Curriculum

Becoming an advocate for your child's health care begins in the womb. It is important for you to provide the best health care possible from the very beginning. Early Head Start staff provide or coordinate prenatal education experiences and monitor prenatal and postpartum care. Services for expectant families and newborns are provided in the family home through scheduled home-visits. See page 19 for information on the Parents as Teachers (PAT) curriculum used in the services to pregnant women.

Prenatal Education

Prenatal education is a key part of the services to pregnant women. Education areas includes: normal fetal development, risks of smoking and drinking alcohol, what to expect during labor and delivery, nutrition education, support groups with other families, breastfeeding education, selection of a pediatrician, etc..



Prenatal Care: Before Birth

The Health Services Specialist (HSS) will assist expectant mothers in accessing prenatal care through referrals upon enrollment in the program if the expectant mother does not have a health care provider.

Early and continuing prenatal appointments are required throughout the pregnancy. Women are expected to keep all prenatal appointments and to complete all referrals or follow-up appointments as recommended by their doctor.

Dental Care

It is recommended that expectant mothers receive dental exams every 6 months and complete all follow-up appointments recommended during pregnancy. A copy of the completed exam should be given to the staff. *If you are having difficulty obtaining a copy of your exam, please notify the Health Services Specialist and he/she will work with you to get one.*

Postpartum Care: After Birth

Mothers are expected to continue keeping all appointments, follow-ups and referrals as recommended by her physician, including the six week post-partum exam following the birth of her child. Two weeks after the infant's birth, the health services specialist will visit the new mother and baby to ensure the wellbeing of mother and child. Four weeks after the birth, the Health Services Specialist will assist enrollment to the Early Head Start program. The discussion will also include: Selecting a pediatrician, ensure the well-being of both the mother and the child, provide support to parents as they adjust to the demands of a newborn, assess for postpartum depression and transitioning of new born (6 weeks of age) into Early Head Start center-based or home-based option.



Family Socialization Participation

Pregnant women are invited and encouraged to participate in the bi-monthly family socialization. Please refer to page 32 for details on family socialization (See page 32) .

Early Head Start—Home-Based Option for Infants and Toddlers

Goals and Objectives

- To support your child's overall development and philosophy that YOU are your child's first and most important teacher.
- To support school readiness by ensuring your child has the developmental foundation for successful learning.
- To share activities with you that you can do with your child during everyday routines and play time.
- To provide a window into the future on what to expect your child to learn next.
- To provide ideas on the best use of toys and materials in your home.
- To provide ways to expand your child's play, offering him/her new challenges and motivations to try new things.
- To offer you support and tools for family well-being

Home Visits and Curriculum

Home visits are made weekly with an Home-based Caregiver Teacher. Parents participate in planned child activities during the home visit and are given basic information in the areas of cognitive, language, motor, and social-emotional development. Parents receive information on child development and are supported in family goal setting. Parents are provided the opportunity to participate in play groups (family socialization) with their children twice a month and ongoing parent education programs that are schedule at least monthly. See page 27 for information on the Parents as Teachers (PAT) curriculum used in the home-based option.

Required Participation: Home Visits & Socialization

Families are expected to maintain scheduled home visits and participate in family socialization. Parents are expected to notify the home visitor, **in advance**, if they will be unable to maintain scheduled visits or participate in socialization. If a family is unable to attend their scheduled visit the home visitor will work with the family to attempt to schedule a "make-up" visit that same week. Continued poor participation may result in family being placed on wait list.

Expectations During Home Visits

- A home visit each week for up to 1 ½ hours
- Your active participation in the home visit
- You will observe the Home-based Caregiver Teacher demonstrate activities to support your child's learning while you are playing together
- You will have the opportunity to practice the new activities with your child and receive feedback on ways to expand your child's play
- You and your Home-based Caregiver teacher will have the opportunity to discuss any parenting concerns
- You and your Home-based Caregiver teacher will build on the strengths of your family to provide a healthy and nurturing environment for your family
- Videotaping may be used on some home visits to help you develop your observation skills.

Family Socialization

Family Socialization is an integral part of the home-based program. Participation in bi-weekly family socialization is required for infant, toddlers and their families. Family socializations provide opportunities for children and parents to enjoy activities in a setting other than their home. Children have the opportunity to play in small groups with other children their age. Families can meet and build friendships with other families enrolled in Early Head Start.

Some important facts about Family Socialization:

- Offered twice a month during the school year (September– July)
- Healthy meals/snacks are part of the fun.
- Provides a setting with new learning opportunities and experiences.
- Children experience new sights, sounds, smells and textures.
- Provides access to large motor play equipment, crafts and new foods.
- Provide infants and toddlers the chance to be with other infants and toddlers and learn new skills from their friends.
- Help infants and toddlers develop a sense of trust and confidence as they share these new experiences with their family members.

Parent/Family Engagement

Volunteering in the Center and Classroom

Parents play an extremely important role in the Head Start/Early Head Start program. We believe that children feel valued when their parents or guardians participate in the beginning of their education. There are opportunities for parents to volunteer in the center or classroom such as:

- Spend time in your child's classroom assisting the teaching staff with various activities.
- Work at home on individualized education activities that have been prepared specifically for your child by your child's teacher.
- Attend parent meetings, Policy Council meetings on a monthly basis.
- Attend classroom and center activities.
- Offer your talents and resources as it applies to the study topics.
- Encourage other parents to participate in the program.
- Talk with your child about a project or study topic they are working on in the classroom. Ask your child's teacher for activities to do at home relating to the current study topic.

For additional ways to get involved, see your center supervisor.

In-Kind Donations and Contributions

Head Start is federally funded. As condition of funding, the program must generate in-kind dollars. For every five dollars received from the funding source, one dollar must be generated from in-kind donations. The list below provides examples of activities or donations that could count toward in-kind match.

- Donation of school supplies, toys or equipment either from you, your friends or the community.
- Services rendered by you or a friend, such as reading to children, sharing your special talents, or telephoning parents about an upcoming meeting.
- Time spent in planning and participating in center activities.
- Professional services donated (doctor, dentist, nurse, etc.).

Volunteering in the classroom and at home is essential to your child's school readiness and it also helps the program!

Community Services

The Head Start program serves as a link between families and the community. Every family enrolled in the program is assigned a Family Support Specialist (FSS) who will:

- assist your family in obtaining health requirements for Head Start attendance;
- support your family in setting and reaching goals or help you in crisis or emergency situations; and
- assist you to identify resources, such as food, clothing, employment, housing assistance, as well as counseling and other referrals as needed.

Please review the list of Community Resources in the back of this handbook.

Summit County Policy Council

Parents and guardians of children currently enrolled in Head Start/Early Head Start are encouraged to seek election for a position on Policy Council.

Policy Council is the shared decision making body for Head Start/Early Head Start, similar to parent teacher organizations in public schools. The Policy Council works in partnership with key management staff and the agency governing body to develop, review, approve or disapprove certain policies and procedures and also serves as a link to the Center Parent Committees.

Parent delegates and alternates are elected from the center-level and by center parents to serve on the Policy Council. The elected parent delegate is expected to attend the monthly Policy Council meeting. The elected parent alternate serves as substitute should the parent delegate be unable to attend a scheduled meeting. Once elected, parents serve for one year. Elections for policy council delegates and alternates are conducted annually.

Parent/Family Engagement Continued

Center-Level Committee & Policy Council Delegates

Center-Level Engagement

Parents with children enrolled in the Head Start/Early Head Start program are encouraged to participate in their assigned center activities, which include scheduled Center Parent Committee meetings.

Center-Level Elections (Parent Committee)

During the months of September and October, annually, each Head Start/Early Head Start Center must conduct a Center Parent Committee meeting. The purpose of first meeting of the program year is to provide parents with information about the program, center operations, parent participation/engagement opportunities and election of Policy Council Delegate and Alternate and Parent Committee officers.

Center Parent Committees at each Head Start/Early Head Start Centers will elect a:

Chairperson
Vice-Chairperson
Secretary

The officers elected are responsible for working with the Child Development Center (CDC) Supervisor to plan any subsequent parent/center meetings and/or activities.

Summary of Center-Level Critical Activities

The months of September and October are critical months for activities at the center level. The following outlines the process:

- **September/October** – Initial Center Parent Committee Meeting is held.
Center Parent Committee Officers elected; Delegates & Alternates to the Policy Council are elected
- **October** – Names of newly elected Delegates & Alternates are submitted to the Head Start Director who will contact each delegate and alternates with information on the next Policy Council meeting.



Policy Council Representative Volunteer Description

PURPOSE To participate in the process of making decisions about the nature and operation of the program.

QUALIFICATIONS Must be a parent of a currently enrolled child in Head Start or Early Head Start programs, and be elected by parents at the center level. Representatives cannot be employee or a family member of an employee of Head Start or served on Policy Council for more than three years.

TASKS

- Attend scheduled annual orientation/training to Policy Council
- Attend monthly meetings
- Serve as a link between center and Policy Council by attending center meetings and reporting back to the center information from Policy Council
- Share in the decision making process for program
- Encourage parent participation in the program and Policy Council

AREAS OF RESPONSIBILITY:

The policy council shall approve and submit to the governing body decisions about each of the following activities:

- Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs.
- Program recruitment, selection, and enrollment priorities.
- Applications for funding and amendments to applications for funding for programs under this subchapter, prior to submission of applications described in this clause.
- Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities.
- Bylaws for the operation of the policy council.
- Program personnel policies and decisions regarding the employment of program staff, consistent with paragraph (1)(E)(iv)(IX), including standards of conduct for program staff, contractors, and volunteers and criteria for the employment and dismissal of program staff.
- Developing procedures for how members of the policy council of the Head Start agency will be elected.
- Recommendations on the selection of delegate agencies and the service areas for such agencies.

Problem Resolution Procedure

Parents and community resource persons who have significant questions or concerns regarding any part of the Head Start/Early Head Start program are to follow the program resolution procedures.

STEP 1: Child Development Center (CDC) Supervisor Level -The person filing the complaint must first bring the question or concern to the attention of the CDC Supervisor. Forms are available at your child's center. The CDC Supervisor must investigate the situation and try to work out a solution within two weeks.

STEP 2: Assistant Head Start Director Level—If the CDC Supervisor cannot resolve the issue, then the person with the question or concern may go to the Assistant Head Start/Early Head Start Director. The process may continue until the parent or person filing the complaint reaches the Head Start Director. The Head Start Director must review the question or concern, along with the proposed action to be taken in writing from the Assistant Head Start/Early Head Start Director, within two business days.

STEP 3: Head Start Director Level—The Head Start Director will investigate issues to ensure that all federal and state licensing requirements and regulations have been met and that any questions regarding such items have been answered.

STEP 4: Policy Council Level—If the Head Start Director cannot resolve the issue, then the Head Start Director will bring it to the Policy Council for resolution.

Problem Resolution Procedure are posted at each center to ensure that parents and visitors have access to the proper steps towards resolution.

Required Posting

All center licensing reviews are posted at each Head Start location for parents and visitors to review.

Parent Rights

- To expect a center and classroom environment that reflects learning, openness, respect and promotes diversity.
- To be consulted and informed about your child's educational growth and developmental progress.
- To be informed of continuing education and employment training opportunities available through formal and informal networks in the community.
- To participate voluntarily in any program activity knowing that participation is not a condition of enrollment.
- To be informed of community resources that are responsive to your needs and enhance your quality of life.
- To express concerns and offer constructive feedback to ensure the overall success of Head Start/Early Head Start.

Parent Responsibilities

- To support the program by adhering to center policy and program standards.
- To learn about the program and be involved in program policy-making and operations.
- To bring children to school and maintain regular attendance
- To guide your child with patience and consistency.
- To be a vital part of your child's educational growth and development through open communication with staff, participation in home visits, parent/ teacher conferences and other meetings.
- To participate in the center/classroom as a volunteer and contribute toward the enrichment of the program.
- To influence community services through your participation in parent committees and policy groups.
- To utilize programs and services designed to enhance your knowledge about child development, parenting and self-sufficiency.
- To display appropriate and non-violent interaction with staff

Section IV 2017/2018 Program Calendar



School success starts
with attendance



September 2017



Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 Agency Closed Labor Day	5	6	7	8	9
10	11 Parent Orientation	12 Parent Orientation	13 First Day of Class for All Children (All Program Options)	14	15	16
17	18	19	20	21 Policy Council 9:00 AM	22	23
24	25	26	27	28	29	30



October 2017



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19 Policy Council 9:00 AM	20	21
22	23	24	25	26	27 All Sites Closed County-Wide In-service for All Staff	28
29	30	31				



November 2017



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5 Daylight Savings Ends	6	7	8	9	10 Agency Closed Veterans Day (Observed)	11 Veterans Day
12	13	14 Policy Council 9:00 AM	15	16	17	18
19	20	21	22	23 Agency Closed Thanksgiving Day	24 Agency Closed Day After Thanksgiving	25
26	27	28	29	30		



December 2017



Sun	Mon	Tue	Wed	Thu	Fri	Sat
31					1	2
3	4 Policy Council Annual Orientation 9a.m- 1:00pm	5	6	7	8	9
10	11	12	13	14	15 All Sites Closed @ Noon	16
17	18	19	20	21 Policy Council 9:00 AM	22	23
24	25 Christmas Day Agency Closed	26 Day After Christmas Day Agency Closed	27 HS/EHS Full Day 11-Month Program RETURNS	28	29	30

Winter Break: Part Year Program Only



January 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 New Year's Day Agency Closed	2	3	4	5	6
	All Sites Closed: Staff In-Service/Professional Development					
7	8 All Classes resume for all children	9	10	11	12	13
14	15 Agency Closed Martin Luther King Jr. Day	16	17	18 Policy Council 9:00 AM	19	20
21	22	23	24	25	26	27
28	29	30	31			



February 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14 Valentine's Day	15 Policy Council 9:00 AM	16	17
18	19 Agency Closed Presidents Day	20	21	22	23	24
25	26	27	28			



March 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15 Policy Council 9:00 AM	16	17
Picture Week						
18	19	20	21	22	23	24
25	26	27	28	29	30 Good Friday All Sites Closed Agency Closed @ Noon	31
Spring Break: David Bacon Site Only						



April 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
Spring Break: Barberton & Macedonia						
8	9	10	11	12	13	14
Spring Break: Akron and Springfield Sites Only						
15	16	17	18	19	20	21
				Policy Council 9:00 AM		
22	23	24	25	26	27	28
29	30 All Sites Closed Agency Health Fair					



May 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2 Volunteer Recognition Program	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Policy Council 9:00 AM	18	19
20	21	22	23	24 Part-Year Children's Last Day and Part Year 9-Month End of Year Family Celebration	25 Part-Year Staff's Last Day	26
27	28 Agency Closed Memorial Day	29	30	31		



June 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14 No child Contact	15 No child Contact	16
17	18	19	20	21 Policy Council 9:00 AM	22	23
24	25	26	27	28	29	30



July 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4 Agency Closed Independence Day	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19 Policy Council 9:00 AM	20	21
22	23	24	25	26	27	28
29	30	31 11-Month Children's Last Day and End of Year Family Celebration				



August 2018



Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 11-month Staff's Last Day	4
5	6	7	8	9	10	11
12	13	14	15	16 Policy Council 9:00 AM	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



Section V Community Resources



Community Resource List

NOTE: This list contains just a few of the hundreds of resources available in our community. See your Family Support Specialist for further help in locating resources.

Housing

Akron Metropolitan Housing Authority330-762-9631
Habitat for Humanity330-745-7734

Language Services

Asian Services In Action, Inc. (ASIA, Inc.).....330-535-3263
International Institute.....330-376-5106
Greenleaf Community Center for the Deaf330-376-9494

Legal

Child Support Enforcement Agency330-643-2765
Community Legal Aid Services, Inc.330-535-4191
Ohio Civil Rights Commission330-643-3100

Parenting (Education, Pregnancy, Testing, Prenatal Services)

Akron General Women's Childbirth Classes330-344-6000
Akron Pregnancy Services.....330-434-2221
Catholic Social Services330-762-7481
Summit County Children's Service330-379-9094
Community Pregnancy Center - (call for open hours)330-825-1900
East Akron Community House330-773-6838
Planned Parenthood330-535-2671
Pregnancy Care330-253-4071
Help Me Grow330-376-7273

Shelters

ACCESS..... 330-376-0997
Battered Women's Shelter..... 330-374-0740 & 330-374-1111
Haven of Rest/Harvest Home 330-535-1563
HM Life Opportunities 330-376-5600
Safe Landing (Boys)..... 330-253-7632
Safe Landing (Girls) 330-784-7200
Harvest Home330-434-1149

Special Education

United Disability Services.....330-762-9755
Help Me Grow (Birth - Three).....330-376-7273
State Support Team – Region 8.....330-929-6634
(Formerly Mid-Eastern Ohio/Special Education Regional Resource Center)
Summit DD 330-634-8000
Summit County Educational Service Center 330-945-5600

Substance Abuse Treatment

Alcohol, Drug Addiction and Mental Health (ADM) Services Board
..... 330-762-3500

Care Coordination for Pregnant Women

Summit County Pathway HUB.....330-376-7730

TANF/Food Stamps/Medicaid/PRC

Department of Job and Family Services 330-643-8200
Dept. of Job and Family Services Customer Service 330-643-8200

Transportation

Metro Regional Transit Authority.....330-252-0797 / 330-762-0341
American Red Cross Transportation Services330-535-2699

Voter Registration

Summit County Board of Elections.....330-643-5200

Utility Assistance

Emergency Home Assistance Program (E-HEAP).....1-866-504-7400
Info Line.....330-376-6660
Public Utilities Commission of Ohio.....1-800-686-7826
Salvation Army Help Line.....330-996-4255

Lead Screening Resources—Contact:

- Primary Care Physician, any Lab that accepts child's insurance, or
Summit County Public Health (with Doctor's Orders)

Community Resource List

NOTE: This list contains just a few of the hundreds of resources available in our community. See your Family Support Specialist for further help in locating resources.

Clothing/Food Assistance

Akron Summit Community Action, Inc. 330-253-8806

Good Neighbors 330-733-1453

Haven of Rest Ministries330-535-1563

Info Line, Inc..... 330-376-6660

WIC 330-375-2142

Counseling/Family Services

Catholic Social Services330-762-7481

Child Guidance and Family Solutions 330-762-0591

Greenleaf Family Center (formally Family Services).....330-376-9494

The University of Akron Individual and Family Counseling330-972-6822

Credit Counseling

Greenleaf Credit and Debt Counseling Service..... 330-376-9494

Crisis Intervention

Alcohol, Drug Addiction and Mental Health (ADM) Services

Alcohol and Drug Addiction 330-762-3500

Summit County General Crisis Hotline..... 330-434-9144

AIDS Hotline1-800-332-2437

Children Services Hotline..... 330-434-5437

Domestic Violence Hotline 330-374-1111

Mental Health Crisis/Suicide Prevention Hotline..... 330-434-9144

Victim Assistance Hotline330-376-0040

Dental Services

Akron Family Dental Center 330-753-7734

Dr. Gerstenmaier, Dentist (Dentistry for Children)330-867-5688

Locust Dental Center330-535-7876

OPTIONS (Dental Services) Cuyahoga County(no emergencies)1-888-765-6789

Small Smiles: Dental Clinic of Akron330-208-1100

Employment (Job Training, Referral & Placement)

Akron Urban League330-434-3101

Bureau of Vocational Rehabilitation Services330-643-3080

Ohio Means Jobs Summit County330-633-1050

Circles®.....330-940-1105

Health

Children's Hospital Medical Center 330-543-1000

Job & Family Services Healthy Start/Healthy Families.....330-643-8200

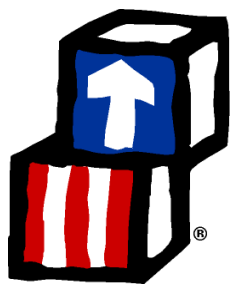
MedAssist330-762-0609

Summit County Free Clinic (Open M) 330-434-0110

Summit County Health Department330-923-4891

Other Support Services

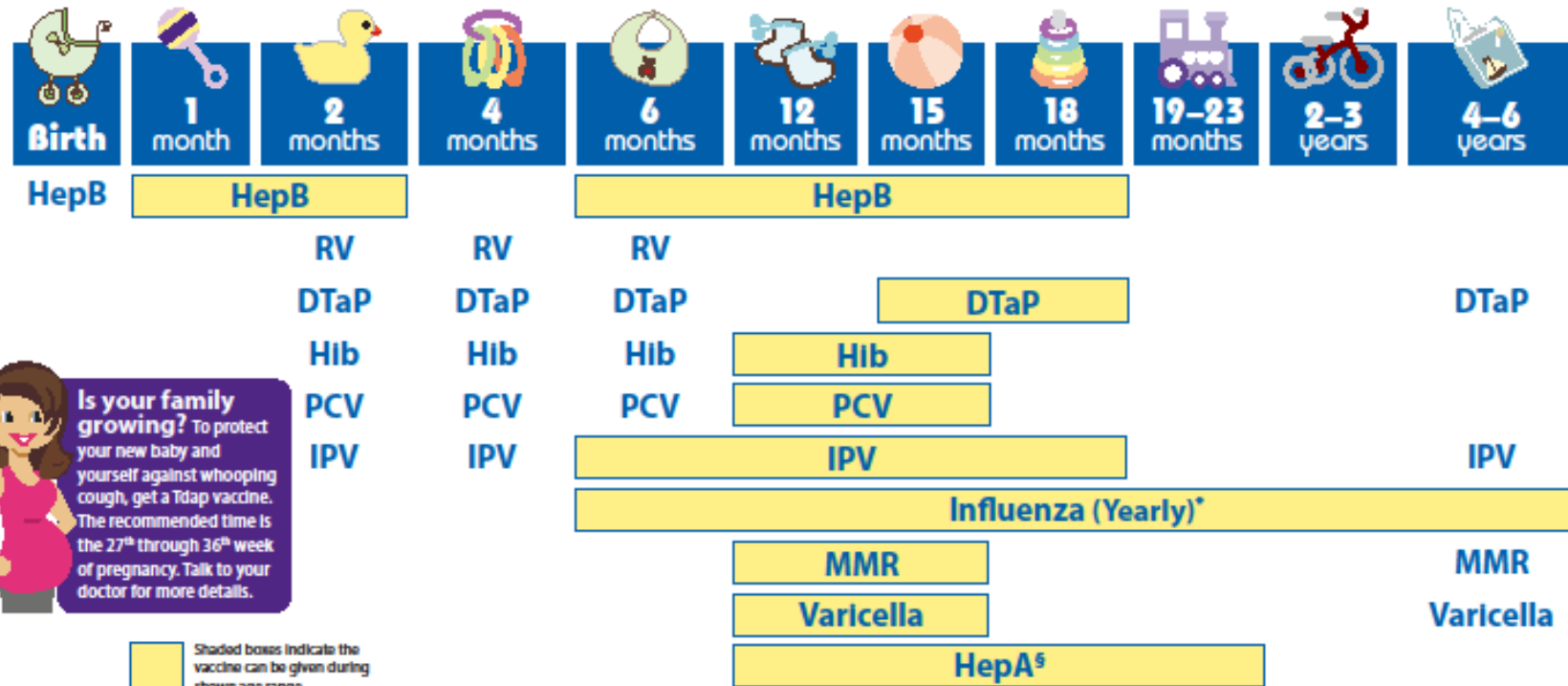
Vision Support Services of Akron330-253-2555



Section VI Health Information



2017 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
ADVANCING MEDICINE FOR AMERICA

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

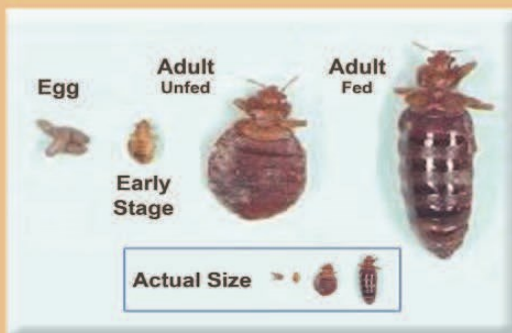
** MMR combines protection against measles, mumps, and rubella.

BED BUGS AWARENESS

Bed bugs

Bed bugs are small brownish insects. They're about 4 mm long (1/8 in.) and visible to the naked eye. They're active at night and can usually be seen along the seams of mattresses. They feed on human blood.

Bed Bug Life Stages



Bed bug infestations may cause irritating, itchy bite reactions, and anxiety. Over the past few years, bed bugs have been spreading in large cities worldwide.

How to detect them

Itchy skin and insect bites are clues that you may have bed bugs in your home. You'll usually see three or four bites in a straight line or grouped together.



Bed bug bites on exposed skin.

Exposed areas of your arms, legs and back are more susceptible to bites. Also look for small black stains (blood spots) on your sheets, pillows, or mattress seams. Bed bugs may also be hiding in cracks and crevices in your furniture.

How they spread

Bed bugs are usually brought into your home in suitcases and handbags and on clothing and furniture, especially previously used mattresses and other items.

They can also travel between apartments in a building. There's no need to be embarrassed if these bugs end up moving in with you. Bed bugs are not necessarily associated with dirty environments, but they flourish in clutter.

How To Prevent Them

Vacuum your home regularly. If you do have bed bugs, make sure you close the vacuum bag tightly and dispose of it outside your home.

Avoid picking up used mattresses or second-hand upholstered furniture because it's hard to see whether they harbor bed bugs.

Other used furniture must be carefully inspected and cleaned before you bring it home. Scrub furniture with soapy water or a household cleaning product to remove any possible bed bugs or their eggs.

Second-hand clothing should be placed in a sealed, plastic bag and emptied directly into the washing machine. Wash in hot water and dry on high heat setting to kill bed bugs and their eggs.

When visiting hotels inspect the room for signs of bed bugs prior to unpacking luggage.



Blood spots, bed bugs, and cast skins may be found on the mattress seam.

Important

Avoid bringing home discarded furniture, it may be infested with bed bugs. Also inspect any second hand item for bed bugs before bringing it into your home.

Pest Management

The best chances for homeowners, landlords and renters to achieve bed bug control is by acting fast, and working with a qualified, licensed pest management professional. Bed bug control often fails without the cooperation of all parties involved.

Preparing your home for the pest management professional

This step is extremely important. Closely follow the pest management professional's guidelines. Below are a few tips to keep in mind.

- Remove clutter as it provides hiding places for bed bugs.
- Place all bedding (sheets, mattress covers, bedspreads) in a sealed, plastic bag. Wash all bedding in hot water.
- Vacuum and dispose of the vacuum bag (outside the home). If a bagless vacuum is used, deposit all contents of the container into a plastic bag, seal and dispose of outside. Rinse collection container outside before re-attaching to vacuum.
- Empty dresser drawers and closets and place contents in a sealed plastic bag. Wash and/or dry clothes on high heat setting.
- Don't bring home new furniture until bed bugs are eliminated.

HEAD LICE AWARENESS

What are head lice?

The head louse, or *Pediculus humanus capitis*, is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Head lice feed on human blood several times a day and live close to the human scalp. Head lice are not known to spread disease. The head louse is an insect that lives and breeds on your head.

Who is at risk for getting head lice?

An estimated 6 million to 12 million infestations occur each year in the United States among children 3 to 11 years of age. Head lice are spread by direct contact with the hair of an infested person. Anyone who comes in head-to-head contact with someone who already has head lice is at greatest risk. Spread by contact with clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes, or towels) used by an infested person is uncommon. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

What are the signs and symptoms of head lice infestation?

Tickling feeling of something moving in the hair. Head lice cannot hop or fly. Itching, caused by an allergic reaction to the bites of the head louse. Irritability and difficulty sleeping; head lice are most active in the dark. Sores on the head caused by scratching. These sores can sometimes become infected with bacteria found on the person's skin.

Where are head lice most commonly found?

Head lice and head lice nits are found almost exclusively on the scalp, particularly around and behind the ears and near the neckline at the back of the head. Head lice or head lice nits sometimes are found on the eyelashes or eyebrows but this is uncommon. Head lice hold tightly to hair with hook-like claws at the end of each of their six legs. Head lice nits are cemented firmly to the hair shaft and can be difficult to remove even after the nymphs hatch and empty casings remain. Although uncommon, head lice can be spread by sharing clothing or belongings. This happens when lice crawl, or nits attached to shed hair hatch, and get on the shared clothing or belongings. Examples include: sharing clothing (hats, scarves, coats, sports uniforms) or articles (hair ribbons, barrettes, combs, brushes, towels, stuffed animals) recently worn or used by an infested person; or lying on a bed, couch, pillow, or carpet that has recently been in contact with an infested person. Dogs, cats, and other pets do not play a role in the spread of head lice.

How is head lice infestation diagnosed?

The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. Use of a magnifying lens and a fine-toothed comb may be helpful to find live lice. If crawling lice are not seen, finding nits firmly attached within a ¼ inch of base of the hair shafts strongly suggests, but does not confirm, that a person is infested and should be treated. Nits that are attached more than ¼ inch from the base of the hair shaft are almost always dead or already hatched. Nits are often confused with other things found in the hair such as dandruff, hair spray droplets, and dirt particles. If no live nymphs or adult lice are seen, and the only nits found are more than ¼-inch from the scalp, the infestation is probably old and no longer active and does not need to be treated.

How are head lice treated?

There are many products available to treat head lice. Buy a head lice shampoo or cream rinse and apply the product following instructions carefully. It is highly recommended, before buying any products, talk with your pharmacist or medical professional. Talk with your doctor before treating:

- Children under two years;
- A person with a seizure disorder;
- A person with a scalp infection.

Important points to remember

- Be sensitive to your child's feelings
- Lack of cleanliness does not cause head lice
- Both children and adults can get head lice
- Short hair does not prevent the spread of head lice
- Head lice do not live on dogs, cats or other animals

Source: CDC Website 2016

HEAD LICE AWARENESS

What do head lice look like?

Head lice have three forms: the egg (also called a nit), the nymph, and the adult.

Egg/Nit: Nits are lice eggs laid by the adult female head louse at the base of the hair shaft nearest the scalp. Nits are firmly attached to the hair shaft and are oval-shaped and very small (about the size of a knot in thread) and hard to see. Nits often appear yellow or white although live nits sometimes appear to be the same color as the hair of the infested person. Nits are often confused with dandruff, scabs, or hair spray droplets. Head lice nits usually take about 8–9 days to hatch. Eggs that are likely to hatch are usually located no more than $\frac{1}{4}$ inch from the base of the hair shaft. Nits located further than $\frac{1}{4}$ inch from the base of hair shaft may very well be already hatched, non-viable nits, or empty nits or casings. This is difficult to distinguish with the naked eye.

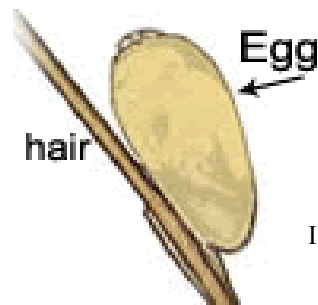


Illustration of egg on a hair shaft.
(CDC Photo)

Nymph: A nymph is an immature louse that hatches from the nit. A nymph looks like an adult head louse, but is smaller. To live, a nymph must feed on blood. Nymphs mature into adults about 9–12 days after hatching from the nit.



Nymph form
(CDC Photo)

Adult: A adult louse is about the size of a sesame seed, has six legs, and is tan to greyish-white. Females lay nits; they are usually larger than males. Adult lice can live up to 30 days on a person's head. To live, adult lice need to feed on blood. If a louse falls off a person, it dies within two days.



Actual size of the three lice forms compared to a penny.
(CDC Photo)



Adult Louse
(CDC Photo)



Adult Louse with Claws
(CDC Photo)



Head Start / Early Head Start



To enroll, contact the
Centralized Recruitment and Enrollment Office
(330) 643-0711
or visit the office
670 West Exchange Street
Akron, Ohio 44302