

# 2023–24 PARENT POLICY HANDBOOK



West Central Minnesota Communities Action

# HEAD START

## OUR MISSION

To provide a supportive environment that encourages children, families, staff, and communities to thrive by identifying strengths and opportunities and developing strong partnerships to meet needs.



# WELCOME TO HEAD START!

This handbook is for parents of children enrolled in Head Start in West Central Minnesota. It contains important information for all parents about the Head Start program. Included is specific information on the Center Based and Home-Based options used in our program. Your child is enrolled in one of these options.

The _____ Head Start Center is licensed for _____ children ages 3 to 5.					
This center is licensed to operate from _____ am/pm to _____ am/pm.					
My class meets at the following time:					
My class meets on these days:            Mon            Tue            Wed            Thurs            Fri					
Location/Address:					
Telephone number of Head Start Center:					
Emergency weather stations in my area:					
Your Family Education Specialist (FES) name and phone number:					
Your FESs supervisor is:					
Head Start Director:    218-685-4486					
Head Start Main Office:		WCMCA Head Start 411 Industrial Park Blvd. Elbow Lake, MN 56531 Website: <a href="http://www.wcmca.org">www.wcmca.org</a>			

**Our Community Resource Guide is located on our website:**

**[wcmca.org/program/head-start-program](http://wcmca.org/program/head-start-program)**



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Dear Head Start Parents,

West Central Minnesota Communities Action, Inc. (WCMCA) would like to welcome your family to the Head Start Program and to the many services of WCMCA. During your time in Head Start, the Agency would like to assist your family with any other agency programs that you find helpful.

For more information on the services offered by WCMCA, please refer to the Head Start Community Resource Guide located on our website: [wcmca.org](http://wcmca.org). If your family needs these services, please ask for assistance from your Head Start staff or contact our office directly.

Enjoy your Head Start experience!

**Missy Becker-Cook,**  
*Chief Executive Officer*

**Heather Carlson,**  
*Fiscal Services Director*

Phone: (218) 685-4486  
Toll-Free: (800) 492-4805

### **West Central Minnesota Communities Action Mission**

*"Empowering people while providing services & resources that impact individuals and communities."*

### **West Central Minnesota Communities Action Vision**

*"Partnering to build resiliency in Greater Minnesota."*



## THE HEAD START STAFF WELCOMES YOU!

We would like to welcome your family to Head Start. We are a program of West Central Minnesota Communities Action, Inc. Head Start could not exist without the involvement of families like yours.

Head Start focuses on YOU as the first and most important teacher in your child's life. Your family and our Head Start staff members will work together to develop individualized services for your child and family.

This book tells about your year in Head Start. Please ask any questions that may come up as you are reading it. We look forward to our year with you and your family!

Sincerely,

**James Haugen,**  
*Head Start Director*

## WCMCA HEAD START STANDARDS OF CONDUCT



WCMCA Head Start will protect the health, safety, and well-being of children and families through professional standards of conduct.

Head Start staff, consultants, contractors, and volunteers will not maltreat or endanger the health or safety of children, including at a minimum, the staff will not:

- Use corporal punishment including, but not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting and spanking.
- Use isolation or separation from the group to discipline a child.
- Use physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm.
- Use mechanical restraints to bind or tie a child to restrict movement; or tape a child's mouth.
- Withhold food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
- Use food as a reward.
- Use toilet learning/training methods that punish, demean, or humiliate a child or use punishment for lapses in toilet habits.
- Use any form of emotional abuse including, but not limited to, public or private humiliation, rejecting, terrorizing, extended ignoring, corrupting a child, name calling, ostracism, shaming, making derogatory remarks about the child or the child's family; and using language that threatens, humiliates, or frightens the child.
- Physically abuse a child.
- Use any form of verbal abuse, including profanity, sarcastic language, or threats.
- Use physical activity or outdoor time as a punishment or reward.

Head Start staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.

Head Start staff, consultants, contractors, and volunteers will comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance.

No child is left alone or unsupervised by staff, consultants, contractors, or volunteers.

Personnel policies and procedures include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.

Aligned with MN DHS Child Care Center Laws and Rules and  
Head Start Performance Standard 1302.90(c)

## YOUR HEAD START SERVICES



You may already realize that Head Start is not just a program for children. It is also a program for **PARENTS and FAMILIES**. Services are somewhat different from community to community. It is important to us to provide the type of Head Start services that a specific community needs and wants.

- **Head Start Class Days:** Head Start classes Meet Four Days per Week for either half-day or full-day sessions. Families in these classrooms also receive four home visits during the program year. Families are given a calendar each month with the scheduled center days and a newsletter which includes information about classroom activities and upcoming events.
- **Early Head Start Home-Based Programming:** Early Head Start serves children birth to three years of age and expectant families in full year programming. Families enrolled in Early Head Start receive weekly home visits. Parents are supported as their child's most influential and valuable teacher in promoting their child's development.
- **Early Head Start Socializations:** Opportunities are held twenty-two times per year. Participation in socialization events with other parents and children is an essential piece of programming. Parents will interact with their child in a variety of activities, promoting their interests and supporting the development of new skills.
- **Home Visits:** All families in Head Start receive home visits. The home is the young child's primary learning environment. The focus of the home visit is to support parents in their important role as the child's primary teacher.
- **Parent-Teacher Conferences:** Each family participates in two parent-teacher conferences each year. The child's progress and accomplishments are discussed during a conference in your home, and together, parents and the Family Education Specialist set goals for the child.
- **Emergency Situations and Other Incidents:** You will be contacted immediately if your child gets ill, has an allergic reaction, or is involved in any incident out of the ordinary. Before your child can attend the center, we must have emergency contact information for you and two local and reliable sources in case you cannot be reached. **If we cannot reach you or your emergency contacts, we will contact the local social service or law enforcement agency.** It is the parent's role to notify your Family Education Specialist if there are changes to your emergency contact information at any time throughout the year. Our program has policies and procedures in place to keep your child safe. Our staff are trained in First Aid and CPR, universal precautions, and Minnesota Department of Human Services Rule 3 licensing requirements. If your child sees a doctor as a RESULT of an accident or injury that occurred while your child is at the Head Start center, it is important to report this to your Head Start staff.





## SCHOOL READINESS GOALS FOR WCMCA HEAD START

**School Readiness:** *“Children possessing the skills, knowledge and attitudes necessary for success in school and for later learning in life.”*

– Office of Head Start

WCMCA Head Start School Readiness Goals follow a birth-age five approach and align with the Minnesota Early Childhood Indicators of Progress, the Head Start Early Learning Outcomes Framework (HSELOF) and the Parent, Family and Community Engagement (PFCE) Outcomes Framework.

Evidence-based curriculum and assessment are used to measure child outcomes and to plan for individualized instruction that supports the development of each child.

WCMCA Head Start’s School Readiness Goals are organized into five Developmental Domains. *Teaching Strategies GOLD* Report Cards are shared with families three times per year (fall, winter and spring).

WCMCA curricula is implemented using an approach to learning called **Conscious Discipline** which emphasizes connection through empathy, encouragement and the home and school family. Once children are connected, they are more willing to see from another’s point of view and understand the impact of their behavior on others.

### **Domains of School Readiness:**

- Approaches to Learning
- Social-Emotional Development
- Language and Literacy
- Cognition
- Perceptual Motor and Physical Development

### **Researched-Based Teaching Curriculums:**

- **Partners for a Healthy Baby** – (Prenatal-age 5): Focuses on strengthening the family by addressing the overall well-being of both the child and the family.
- **Creative Curriculum** – (Birth-age 5): Supports Family Education Specialists to create meaningful daily routines, environments and learning experiences for children.

### **Assessment and Screening Tools:**

- Teaching Strategies GOLD
- Brigance Inventory of Early Childhood Development III
- Minneapolis Preschool Screening Instrument (MPSI)
- The Ages & Stages Developmental Questionnaire (ASQ-3)
- The Ages & Stages Questionnaires-Social-Emotional (ASQ-SE 2)



## PLANNING FOR YOUR CHILD'S HEAD START DAY

*“Research shows that children with poor attendance are at a disadvantage later in life. Poor attendance and punctuality, even at the earliest age, can affect achievement in later life.”*

### Attendance

It is important that you and your child participate regularly in programming. The routine of regular attendance supports your child's learning and social development. Establishing good habits from the start helps children to settle more quickly into a new setting and routine. If attendance is not regular, your Family Education Specialist will be contacting you to develop a plan to make it possible for your child to attend regularly.

- Indoor clothing should be the "everyday play" kind. The children will be climbing, crawling on floors, using paint, and other messy materials. Although we have aprons, they aren't always foolproof. Please save children's good clothes for other times.
- Please dress your child warmly enough for outdoor play every day. Children have an outside play period on all, but the coldest days. They need jackets, mittens, hats, socks, extra pants, snow pants, boots, and scarves.
- Labeling all clothing prevents a lot of mix-ups and losses. Write your child's name on the inside of all clothing, boots, and shoes.
- Children need to wear shoes in the classroom. Remember to send them in the backpack on days when boots are necessary.
- Items from home are difficult to share. Head Start is not responsible for items brought from home that are broken or lost. Please keep special belongings at home.
- While Head Start does not provide transportation, staff will assist you in exploring transportation options.

### Backpacks

- Backpacks are useful to ensure children have their shoes, extra clothing, and cold weather gear all in one spot. Please write your child's name on the inside of the backpack.
- Plastic bags are unsafe in our classrooms. Cloth or paper bags may be used.
- Important information is often sent home in your child's backpack, **it is necessary to check it daily.**

### Cultural & Religious Beliefs

Cultural and religious beliefs are an important part of family life. Families can identify their beliefs at the time of enrollment. Adaptations are made according to what families identify. There are many items and activities in the classroom reflecting different cultures. We encourage you to share additional items and activities to demonstrate your family's culture. Please help us in planning a program that meets your needs as a family and as a classroom group.



## Pick Up & Drop Off

Please be on time and take the child right to the Family Education Specialist or Assistant Teacher. NEVER send a child into the center alone. The staff's responsibility will begin only when the child reaches the classroom.

- When you pick up your child from the center, it is very important you tell the Family Education Specialist you are taking him/her.
- Children will only be released to those people indicated on the Enrollment & Emergency Agreement who are 12 years of age or older. Let the Family Education Specialist know or send a note as to who will be picking up your child if it is someone other than the persons listed. If you or an authorized person appears to be under the influence of drugs or alcohol while attempting to pick up your child, the staff will not release your child until his or her health and safety is assured.
- Staff are not allowed to transport children or families in their personal vehicles.
- To ensure the safety of all children in the classroom, a staff person will assess your child's health upon arrival.

## Pets in the Classroom

- Due to potential allergies in the classroom, no visiting pets will be allowed.
- Your child's classroom may obtain a class pet during the year that is for observation purposes and not handled (ex. fish, butterflies, hermit crabs, etc.)
- You will be notified of any new classroom pets in advance.
- Please inform your Family Education Specialist of your child's pet allergies.

## Field Trips

If your child will be leaving the center for a walking field trip (for example: nearby parks, play yards) you will be asked to sign a permission slip prior to each event.

## Head Start Cancellation Policies

In the case of extreme weather, Head Start will follow the guidelines listed below:

- **Morning Classes:** Head Start will cancel if the local public school has a late start.
- **Afternoon Classes:** Head Start will not cancel if the local public school has a late start. However, if the local public school has an early dismissal, so will Head Start.
- **Full-Day Classes:** Head Start will follow the local public school late start or early dismissal.

Public school cancellations are announced over the local TV and radio stations, as listed on page one. You will also be notified by your Family Education Specialist via phone call, text, or our software (ChildPlus) messaging alert system.

## Holidays

Holidays are listed on your calendars.

Monthly calendars will indicate the scheduled days for your center.



## Home Visit Cancellation Policy

Home visits are an important part of programming. Parents are encouraged to meet at their scheduled times. If you need to reschedule due to the weather or other circumstances, you will need to communicate with your Family Education Specialist.

## Photograph, Video and Social Media Policy

To ensure confidentiality for all children and families, Head Start parents/guardians may take pictures/videos of their own child in our classrooms as long as their child is the only child in the picture/video.

Head Start staff and parents/guardians may **NOT** share any photos or videos of classmates or their families on Facebook, Snapchat, Twitter, Tik Tok, or any other online social networking sites.

## Nap and Rest Policy

Preschool children need some amount of rest during the day. For full-day classes, a quiet nap and rest time will occur daily in the afternoons. During rest time, calming music will be played, lights will be dimmed, and each child will be provided with a cot and blanket. Please keep personal blankets at home. The cots will be stored in an area that is easily accessible. During rest time, they will be placed so there are clear aisles and adult/child access on at least one side.

After the children have napped or rested for 30 minutes, they will have the option to get up and engage in a separate activity. The activities offered will occur in an area with sufficient light and where they do not disrupt the remaining napping children. Bedding and blankets will be washed weekly and when soiled or wet.

## Problem Solving

Most questions and concerns in Head Start are solved through open communications. Every effort is made to find out all the facts before making a judgment. First, ask your questions and concerns of the individuals who are directly involved.

If your questions are not answered in these communications, call the Head Start office and ask to speak to the Head Start Supervisor. The Head Start Supervisor's number is on the first page of this book. The Head Start Supervisor will respond within 10 working days.

If you are dissatisfied with the response from the Supervisor, you may appeal by calling or writing to the Head Start Director. The Head Start Director will respond within 10 working days.

If you remain dissatisfied with the response received, you may appeal to the Head Start Policy Council, who will consider your concern at their next regularly scheduled meeting. There you will have the opportunity to address the council. The decision of the Policy Council will be final.

*"The program has provided excellent resources for supporting my child's development using things we already have. The teacher asked lots of questions about preferences and planned activities accordingly."*

*-Head Start Parent*



## Confidentiality

WCMCA respects your right to privacy. Parents/guardians must sign a Release of Information form before any WCMCA information is released. All staff, volunteers, and parents are informed of the Confidentiality Policy and reminded to keep all information regarding families confidential. All staff shall be informed prior to beginning work and reminded regularly thereafter that any information concerning a family is private and shall not be discussed with anyone outside the agency without authorized parent/guardian permission. Staff who leave WCMCA will be reminded of the confidentiality still binding them. All documents, forms, and files regarding families in the program will be kept in a secure space when not in use.

There are some exceptions when written consent to share information is not required:

- When the information is requested by a government agency for law enforcement activity.
- When there is an appropriate court order, such as a subpoena.
- In an emergency to protect the health or safety of an individual.
- In a program review or review audits conducted by childcare licensing, federal Head Start reviews, or state agencies.

Information regarding a child or family may be shared with consultants and other Head Start staff, as indicated on the enrollment agreement, if the information is needed for that person to adequately do their assigned duties and serve the family.

## Smoking Policy

Smoking is prohibited in Agency vehicles, buildings and in those areas of other buildings used, operated or occupied by WCMCA, including leased offices and off-site Agency sponsored conferences and meetings. Smoking, including e-cigarettes, is prohibited at all Head Start sites and at Head Start sponsored activities and events. Smoking is prohibited in the presence of Head Start children.

## Mandated Reporting

WCMCA Head Start staff are legally required or mandated to report suspected child abuse or neglect. If staff know or have reason to believe a child is being or has been neglected or physically or sexually abused up to the previous 3 years, they must immediately (within 24 hours) make a report. A copy of the mandated reporting policy is provided to parents at enrollment and upon request.

**All centers follow the MN Department of Human Services Rule 3 Licensing requirements:  
MN Department of Human Services Licensing Division  
651-431-6500**

## Parent Permission Required

Should the Head Start program choose to participate in any research, experimental procedures or public relations activity, parental permission will be obtained before participation.



## PARENT CODE OF CONDUCT

Courteous and respectful behavior between and among all program participants is essential for West Central MN Communities Action, Inc. Head Start participants to achieve its mission, help assure a positive environment, and promote the safety and security of children, families, and staff. Employees, parents, volunteers, participants, and everyone else involved with the program must follow the Code of Conduct as outlined below.

### Standards of Conduct

#### All parents and volunteers will:

- A. Respect and promote the unique identity of each child and family and refrain from stereotyping based on gender, race, ethnicity, culture, religion, or disability.
- B. Follow the program confidentiality policies concerning information about children, families, and other staff members.
- C. Leave no child alone or unsupervised while under their care:
  - a. All children must be escorted by an adult upon entering and leaving the building.
  - b. All children must be checked in and left only in the direct care of a Family Education Specialist and checked out daily.
- D. Use positive methods of child guidance and not engage in corporal punishment, emotional or physical abuse, or humiliation. Not employ methods of discipline that involve isolation, the use of food as punishment or reward or the denial of basic needs.
- E. Conduct themselves personally and professionally in a manner that reflects positively upon the program's reputation and upon the children and families the program serves.

### Violations to the Code of Conduct

WCMCA will not tolerate behavior by parents or volunteers that violates the Code of Conduct.

#### Examples of violations could include, but are not limited to, the following:

- Threats to staff, parents, or children.
- Physical or verbal punishment of a child.
- Cursing.
- Smoking.
- Quarreling, verbal fighting, loud shouting, and other displays of anger.
- Bringing drugs, alcohol, or weapons (including permit to carry firearms) to program sites or events.
- Physical violence.
- Inappropriate or excessive displays of physical affection between adults.
- Inappropriate dress, including for example, low-cut tops, bare midriff, sagging pants below the buttock, or clothes with words or pictures inappropriate for young children.



If a parent or volunteer violates the Code of Conduct, WCMCA reserves the right to allow Family Education Specialists to handle situations as they see appropriate using the following procedures:

1. The Family Education Specialist will speak directly with the parent or volunteer in private when possible and safety is not an issue.
2. When safety is threatened, staff will call local law enforcement.
3. Staff should promptly report violations to their Head Start Supervisor. In the event of the Head Start Supervisor's absence, another Supervisor will be notified.
4. The Head Start Supervisor will notify the Head Start Director who will determine the program response to the violation and will notify the person(s) involved.

## WALKING SAFELY WITH CHILDREN PEDESTRIAN SAFETY



Walking with a toddler or preschooler opens a whole new world at a whole new level. These young walkers are looking at new and exciting things and are often too busy and too young to be aware of any dangers. That is a parent or caregiver's job that is made especially harder when these newly independent mobile children do not want to hold hands.

Children under 9 years of age lack the hearing, peripheral vision, and judgment capabilities necessary for them to be able to safely navigate busy streets. These tips may help keep these little wanderers safe and happy:

- Children under 9 should not walk alone.
- Hold hands at all intersections and when crossing any driveways or lanes.
- Teach and enforce a rule that the child must stop immediately when told to do so and follow further instructions.
- Teach children to stay away from the edge of the sidewalk.
- If children are riding a ride-on toy, keep them close at all times.
- One of the premier rules of the road to teach your children is "Stop, Look, and Listen."
- Always look both ways and exercise caution when crossing at a crosswalk or intersection. It is important to not just look at the cars stopped at the intersection, but any approaching vehicles and cyclists as well. Even when crossing at a green light, it is still important to look all ways and watch for turning cars. Never run across an intersection.
- Make eye contact with drivers to be sure you have been seen and that all cars have come to a complete stop before crossing at an intersection or crosswalk.
- Constantly reinforce and demonstrate safety rules when walking with children and even by yourself – you never know who may be watching.
- Stay away from and never go into a car with a stranger.
- Teach children to walk in safe areas – avoid parking lots, paths through wooded areas, secluded areas, loose gravel, and busy roads.
- Wear bright or reflective clothing for night or evening walks.
- Walk across crosswalks and intersections only. Do not cross the street between parked cars.
- When walking on roads without sidewalks, always walk on the side of the road facing traffic and as close to the edge as possible.
- Stay out of ditches and away from ponds, streams, and rivers.
- Stay away from school buses and other buses.
- If you hear a siren, it is best to move away from the road as far as possible. Stop and wait until the emergency vehicle has passed before continuing your walk.
- Come to a complete stop at all stop signs and obey all other road signs.
- Plan routes that are not too long for the age of the youngest walker.
- Consult with your local library, government offices, and health departments for booklets, programs, and guides about road safety.





## EARLY CHILDHOOD DEVELOPMENT IN HEAD START

A big part of your child's Head Start experience will be spent interacting with other children and caregivers. Great care has been taken to provide a learning environment which invites your child to learn as he/she plays.

Educational activities in Head Start are individualized for children based on learning styles, interests, and developmental needs. Head Start is most successful when parents and staff work together by linking home and school activities. Each of us has something valuable to contribute. You are most familiar with your child's interests, routines, and experiences. This important information will be used to plan your child's Head Start year to develop cognitive, social, physical, and emotional skills.

WCMCA implements the *Creative Curriculum*, allowing children to participate and learn through investigation, which promotes deep thinking and learning. Family components guide parents to facilitate learning. Each child is assessed three times per year using the Teaching Strategies assessment tool to monitor progress. Progress reports are shared with parents throughout the year.

*Partners for a Healthy Baby* Curriculum is an evidence-informed curriculum used by Early Head Start. It focuses on the importance of prenatal early childhood health and development and the power of early family relationships.

### Language and Literacy

This year, as you partner with your child's Family Education Specialist to set goals and individualize your child's classroom experience, you will be planning opportunities for literacy and language development in the classroom and at home. Head Start provides some simple activities you can do at home with your child.

WCMCA Head Start believes the environment can enrich your child's language development. A well-planned classroom or home environment supports children's abilities to learn literacy skills at their own rates.

We believe a quality environment includes:

- Caring and nurturing adults that encourage a child's natural ability to learn. Adults give children chances to practice the literacy skills of listening, speaking, reading, and writing.
- Head Start staff and parents are working together to develop plans that include goals at each child's level.
- An organized Head Start classroom with enough appropriate equipment and learning materials present to experience language in every aspect of their day.
- Every area in the classroom is carefully planned to include literacy items such as books, writing space and drawing tools, paper, maps, etc.
- Intentional teaching skills such as letter recognition, rhyming, and sounds of letters.
- Interaction with playmates creating the opportunity for children to practice their language and social skills.



## How can I teach my child at home?

- Talk and listen to your child. Ask questions and allow thinking time before he or she answers.
- Provide a few firm, consistent rules.
- Play games and read stories your child enjoys.
- Give your child age-appropriate tasks to complete.
- Participate in the activities sent home from Head Start.

*"I have learned to be my child's first advocate and that there are people and programs here to help if my child needs extra help. I have also learned I have all the tools to help my child be successful in life."*

*-Head Start Parent*



## PLAY IN YOUR CHILD'S CLASSROOM

Head Start believes play is an important part of your child's learning. During play children are solving problems, experimenting, developing social skills, and increasing language and vocabulary. These activities help your child to develop physically, intellectually, socially, and emotionally. Your child's classroom is divided into very specific areas. Listed below are some of the skills the children are working on while they are playing.

### **Manipulative (Small Motor Area)**

This area helps to enhance children's fine motor skills and cognitive or thinking skills. They practice sorting objects into categories. This area contains a variety of materials such as puzzles, stacking toys, shape toys, homemade games, peg sets, or small building sets.

### **Active Play (Large Motor)**

This is an active area where children work on developing and improving large muscle skills.

### **Dramatic Play Area**

This is a "make believe" area. Children have a chance to practice family and community roles. They begin to understand themselves and the culture better. They are able to practice problem solving by coming up with solutions to everyday problems. This area is often set up as a house, but might also be turned into a grocery store, post office, doctor's office or veterinarian's office.

### **Discovery Area**

The discovery area invites children to explore and investigate. It may include some basic tools as well as objects and materials from the natural world.

### **Library – Listening Center**

This is a quiet area where children can relax by ones or twos. A variety of books are provided. This area may have beanbags, stuffed animals, pillows, or a small rocking chair. Children can explore books by themselves. This area may also have a flannel board, story tapes, puppets, etc. Children practice pre-reading skills such as: sequencing, left to right progression, and predicting outcomes.



### **Writing Center**

The writing area encourages children’s personal writing, which may not look anything like the letters as we know them!

### **Creative Art**

In this area children are exposed to as many “messy” art projects as possible. We are not concerned with the end product, but rather the process of creativity and doing. Children can express original ideas and feelings creatively.

### **Block Area**

This area contains large and small blocks plus props such as trucks, animals, block people, etc. Children learn pre-math skills, eye-hand coordination, and practice social interactions.



## BEHAVIOR GUIDANCE

Behavior is one of the ways a child communicates with adults. Head Start uses behavior guidance as a teaching opportunity. Staff believe in and use positive behavior management strategies which teach, encourage, and foster young children in their journeys to manage their own behaviors. Guidance supports children and teaches the behaviors we want them to exhibit.

The general policy for guiding the behavior of children is based on respect for the child as a person. This involves respectful communication. Responsive adults will:

- Kneel or get down to the child's eye level to assure their attention.
- Tell children what they CAN do rather than what they cannot.
- Set secure limits.
- Remind children of the rules.
- Value the child, while changing his/her behavior.
- Teach children the appropriate language skills to help them talk about their emotions.
- Teach children language for solving problems.
- Model positive and acceptable behavior.

When a child displays challenging behavior, they will be redirected to another activity. If a child is very distressed, staff may work with the child away from the group until the child can gain control of him/herself. Children are always within sight and hearing of an adult. Physical punishment and/or withholding food is NEVER used.

Each classroom is set up to support the development of social-emotional and cognitive skills, language and literacy, and fine and gross motor skills. We also use *Conscious Discipline* to teach social-emotional and problem-solving skills.

### What can parents do?

- Be consistent.
- Talk “with” your child instead of “at” your child.
- Provide limits and boundaries.
- Work together and be involved in your child's life and education.
- Tell them you love them.
- Use positive reinforcement and encouragement to help develop self-esteem.

Parents receive a full copy of our Head Start Program's Behavior Guidance Policy upon enrollment.



## PHYSICAL & ORAL HEALTH IN HEAD START

Health is the foundation to child development and school readiness.

To promote healthy development, every child and pregnant mother enrolled in Head Start needs a routine physical and dental exam plus any age-related screenings and follow-up treatment from these exams.

Because parents have a primary long-term responsibility for their child's health, we expect parents to be fully engaged and supportive of their child's ongoing health services.

### Important Information

Minnesota Child Care licensing requires every child to have age-required immunizations **before attending** class or family events/socializations. A physical exam and a health history (health summary) is also required to be completed and on file with the WCMCA Head Start health office within **30 days** of starting class. ***Your enrolled child will not be allowed to attend the center if we do not have this information on file.***

Physical exams and health screenings may be done with your clinic/medical provider or the Child and Teen Checkup/Early Childhood Screening Programs at your local Public Health location. Portions of Head Start health services may be refused with a signed statement from you, but the physical exam is required for all children.

### What parents are expected and supported to do:

- Complete an updated health and nutrition history for the enrolled child or pregnant mother.
- Submit a current physical exam record (within 12 mo.) that includes a child's age-required blood level test (hemoglobin-anemia and lead screening results) within 30 days of enrollment.
- Partner with doctors and care providers to obtain special care plans for any chronic health concerns (allergies, special diets, etc.).
- Provide current age-required immunization records before the child attends class or family events/socializations.
- Pursue ongoing health coverage for the enrolled child or pregnant mother, if not currently insured.
- Support and assist with the completion of ongoing health screenings (developmental, social-emotional, and hearing/vision) within 45 days of enrollment.
- Complete a dental exam within 90 days of enrollment, recommended for children at first tooth eruption or one year of age.
- Inform Head Start when prenatal or child's appointments are scheduled and completed, including all follow-up appointments.



### What Head Start staff are expected to do:

- Help families make an appointment for a physical or well child exam.
- Support families make a dental exam and/or treatment appointment.
- Remind families of upcoming health appointments and topics to talk about with health providers.
- Complete individualized written plans with parents to accommodate their child's special care needs.
- Provide information and resources to connect families with health care coverage and a system of ongoing health care, including assisting families in applying for health care coverage.
- Assist in arranging resources such as transportation or mileage reimbursement for appointments.
- Support families with ongoing health and safety resources and education opportunities.
- Promote good oral health with parent resources and through classroom tooth brushing



## PROCEDURE FOR ADMINISTERING MEDICATION

The Minnesota Department of Human Services Licensing Division for Child Care and Early Childhood requires that policies and procedures be in place if it is necessary for your child to receive medication at centers. **All medication should be given at home unless it is absolutely necessary for it to be given during center time.** If a prescription and/or over-the-counter medication is to be given during center time, this procedure must be followed:

1. Written instruction from your doctor including:
  - The child's name.
  - Name of the medication.
  - The illness or diagnosis.
  - Exact time of day and length of time to be given, including clarification for “as needed” or “PRN” circumstances.
  - Possible side effects.
  - The physician's signature.
2. Authorization to administer the medication must be signed by the parent or legal guardian, giving Head Start permission to give it.
3. The medication must be in a labeled prescription container dispensed by a pharmacist. Over-the-counter (OTC) medication must be in the original box/container with supporting documentation, a doctor’s statement including provider's name, the name of the medication, the dosage, and duration.
4. The first dose of new medication should be given at home, 24 hours prior to being given at the center, to watch for side effects. The staff assigned to administering the medication will closely watch for side effects. If side effects are noted, staff will notify the parent immediately, so that they can notify the doctor.
5. All medication will be properly stored in a locked container when not in use. If it is to be refrigerated, it will be stored on a shelf away from food and out of children's reach, and in a locked container. Rescue medication will be stored out of the reach of children, yet easily accessible by staff.
6. A log will be kept including the child's name, date, dosage, and time administered. All logs will be kept on file including notation of any side effects and follow-up.
7. All emergency medication (i.e., Epi pens, inhalers) and documentation must be received before your child attends class. Parents are encouraged to talk with providers about splitting medication to keep at home and school.
8. Expired or unused medication will be returned to the parent for proper disposal.

*“Head Start made a difference tremendously. It helped us by providing programs that I never knew about.”*

*-Head Start Parent*





# MN CHILD & TEEN CHECKUPS SCHEDULE

Head Start Performance Standards require all Head Start children to get up-to-date preventive health care which includes medical, dental, and mental health.

The requirements, by age, are listed in the Minnesota Child and Teen Checkups (C&TC) chart:

## Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

DHS-3379-ENG 10-22

C&TC Screening Components by Age <b>C&amp;TC Fact Sheet for each component</b>	Infancy					Early Childhood					Middle Childhood					Adolescence												
	0-1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Anticipatory guidance & health education	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>Measurements:</b>																												
Head circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Height and weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for length percentile	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body mass index (BMI) percentile																												
Blood pressure																												
Health history, including social determinants of health*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>Developmental, social-emotional, mental health:</b>																												
Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental screening					R			R		R	R																	
Social-emotional or mental health screening				R		R		R	R	R	R		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Autism spectrum disorder screening								R	R																			
Postpartum depression screening	R	R	R	R																								
Physical exam: head to toe, including oral exam and sexual development	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Immunizations and review	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Newborn screening follow up: blood spot and critical congenital heart defect	✕																											
<b>Laboratory tests and risk assessments:</b>																												
Blood lead test*																												
Hemoglobin/hematocrit																												
Hepatitis C Virus (HCV)*																												
HIV screening for all youth at least one time*																				X	X	X	X	●			X	X
Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																			X	X	X	X	X	X	X	X	X	X
Tuberculosis risk assessment	X			X		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dyslipidemia risk assessment*									X		X			X	X	X	X	X										
Tobacco, alcohol or drug use risk assessment																			X	X	X	X	X	X	X	X	X	X
Vision screening: distance (3+years) and near (5+years) acuity*	X	X	X	X	X	X	X	X	X	X	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing screening: add high frequency screening at 11+years*	✕	X	X	X	X	X	X	X	X	X	R	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>Oral Health:</b>																												
Dental Checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age					●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Fluoride varnish application (FVA) starting at eruption of first tooth*					●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
All C&TC visits require a HIPAA compliant referral condition code: ST, S2, AV or NU*	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● Required component for the visit  
 ✕ If no Newborn Screening results on file, or did not pass, follow up appropriately  
 R Recommended screening for visit  
 ← Indicates range to provide component at least one time  
 X Required risk assessment followed by appropriate action  
 \* Refer to back side for more information



## FIRST AID AND ILLNESS EXCLUSION POLICIES

Head Start staff promote ongoing health and safety through proper sanitation, policies to prevent the spread of illness and injuries, and routine safety drills. All Head Start staff providing direct care to children are trained in infectious disease control and certified in pediatric CPR and First Aid. First Aid kits and procedures are located in all classrooms and available at family events/socializations. Enrollment and Emergency Agreements completed with parents outline emergency contacts and services.

Please let your Family Education Specialist know as soon as possible if your child is sick or unable to participate in services due to health. To prevent the spread of illness, daily health checks will be done for all children at the time of arrival. Early Head Start parents and guardians are encouraged to complete health checks prior to scheduled home visits.

### Illness Exclusion Continued

Sick children and staff should stay home. Early Head Start home visits will be rescheduled. If your child becomes sick at the center, staff will move them to a quiet supervised area away from the other children and notify you to pick your child up immediately. If there has been an exposure to illness in the center, you will be sent information on the illness in your child’s backpack. Our Head Start program follows CDC, Minnesota Department of Health, and [Infectious Diseases in Childcare Settings and Schools Manual](#) guidance related to exclusion policies and policy on when children can return to class.

The following chart indicates common childcare illnesses; this list is not comprehensive of all exclusion guidelines.

DISEASE	INCUBATION	SYMPTOMS	TREATMENT	RETURN TO SCHOOL
COVID-19 (Coronavirus)	7-14 days	New fever, onset of cough or shortness of breath by themselves, loss of sense of smell or taste, OR a combination of following: chills, muscle pain, sore throat, and gastrointestinal symptoms	None. Contact your physician.	Determination based on current CDC guidelines.
Chicken Pox	10-21 days, usually 14-16	Starts as red bumps then turns to small blister-like sores that fill up with fluid, fever, itching	Discuss this with your physician. No aspirin unless directed by physician.	When all sores are dry and scabbed and no new blisters or sores have started within 24 hours (usually by the 6 <sup>th</sup> day after rash began.)
Colds (Respiratory Infections)	1-10 days	Runny nose, sneezing, chills, tiredness, fever, muscle aches, sore throat, and cough	See physician for high fever, persistent cough, or sore throat.	Until fever is gone for 24 hours without fever reducing medication and child is well enough to participate in routine activities.
Diarrhea	Varies by germ. 1 day-4 weeks	Increased number of loose, watery stools, nausea, stomach pain, vomiting, and fever	Wash hands thoroughly w/soap & warm running water after using toilet and before eating food. See physician if the conditions persist.	24 hours after diarrhea has stopped or written physician’s permission required if caused by an infection.



DISEASE	INCUBATION	SYMPTOMS	TREATMENT	RETURN TO SCHOOL
Fever	Varies	When temperature rises above 100.0	Extra fluids, keep child cool, use Tylenol if over age 2. DO NOT GIVE ASPIRIN.	When fever is below 100° orally- 24 hours without Fever reducing medication and able to participate in routine activities.
Fifth Disease	4 - 21 days, usually 4 - 14 days	Rash causing intense redness of the cheeks ("slapped cheek") that often later move around the body	None, but pregnant women that are exposed need to consult with physician.	None if other rash causing illnesses are ruled out.
Head Lice	7 - 10 days	Itching of head and neck or scratch marks, small white particles often found behind ears or back of neck	Lice killing products and removal of the nits. Vacuum home & vehicles, wash clothing & bedding.	When treatment is complete and no live lice are seen.
Impetigo	1 - 10 days	Typically begins at break in skin (ex. Insect bite, cut, etc.) Small pus-filled sores with yellow crust	Contact your physician.	When child has been treated with antibiotics for at least 24 hours and sores are drying and improving.
Pin Worms	2 - 8 weeks	Rectal itching especially at night, irritability, and disturbed sleep	Contact your physician.	No exclusion.
Pink Eye Conjunctivitis	1 - 12 days	Red, watery, burning or itching eyes, thick discharge	Contact your physician. Avoid contact with the eye drainage.	When child has been seen by physician and until 24 hours after treatment begins or the physician has cleared child for readmission.
Ringworm (Scalp)	10 - 14 days	Small, scaly patches on scalp with mild redness, swelling, itching or pus-filled bumps. Infected hairs become brittle and break	Contact your physician.	24 hours after treatment has been started.
RSV Infection	2 - 8 days, usually 4 - 6 days	Similar to mild cold. Cough, watery eyes, runny nose, nasal stuffiness & sneezing	Contact your physician.	Until fever is gone for 24 hours without fever reducing medicine & child is well enough to participate in routine activities.
Scabies	2 - 6 weeks	Rash, intense itching in the folds of skin	Contact your physician.	24 hours after treatment has been started.
Scarlet Fever Strep Throat	2 - 5 days	Sudden onset of fever, swollen glands, sore throat. Fine red rash (raised)	Contact your physician.	At least 24 hours after treatment begins and child is without fever for 24 hours.
MRSA	Varies	Area of skin infection may be red, warm, or have pus or drainage	Contact your physician. Avoid skin contact with others.	When sores that cannot be covered quit draining.

# HEAD START IMMUNIZATION POLICY



Head Start and state childcare regulations require a record of your child’s immunizations. A child cannot attend center days or program family events/socializations without being immunized. If a parent or guardian objects to immunizations, they must fill out an exemption form which is signed and notarized. Your physician may complete an exemption form if your child cannot have immunizations for health reasons.

The current schedule of recommended immunizations is:

## 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB			HepB						
<b>RV*</b> Rotavirus			RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP				DTaP
<b>Hib*</b> Haemophilus influenzae type b			Hib	Hib	Hib*	Hib					
<b>PCV13, PCV15</b> Pneumococcal disease			PCV	PCV	PCV	PCV					
<b>IPV</b> Polio		IPV	IPV		IPV						IPV
<b>COVID-19**</b> Coronavirus disease 2019								COVID-19**			
<b>Flu†</b> Influenza									Flu (One or Two Doses Yearly)†		
<b>MMR</b> Measles, Mumps, & Rubella						MMR					MMR
<b>Varicella</b> Chickenpox						Varicella					Varicella
<b>HepA‡</b> Hepatitis A						HepA‡		HepA‡			

### FOOTNOTES

**RV\*** **Hib\***  
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

**COVID-19\*\*** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

**Flu†** Two doses given at least 4 weeks apart are recommended for children age 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.

**HepA‡** Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

### ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

**Talk with your child's doctor if you have questions about any shot recommended for your child.**



**FOR MORE INFORMATION**  
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)  
Or visit: [cdc.gov/vaccines/parents](https://cdc.gov/vaccines/parents)



*"We have always tried to have healthy habits when it comes to eating, sleeping, etc. The program has supported us in keeping our healthy habits."*

-Head Start Parent



## VACCINE PREVENTABLE DISEASES & THE VACCINES THAT PREVENT THEM

The Center for Disease Control (CDC) recommends all children receive vaccines according to the recommended immunization schedule to protect them from 14 diseases.

The following chart outlines these vaccine-preventable diseases.

### Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Diphtheria</b>	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
<b>Hib</b>	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
<b>Hepatitis A</b>	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, death
<b>Hepatitis B</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, death
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	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, death
<b>Pertussis</b>	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
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 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
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	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.

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## FOOD AND NUTRITION IN HEAD START

Good nutrition is a cornerstone of a child's health. Our program meets the nutritional needs of your child by serving meals that offer a variety of foods meeting the requirements of the Child and Adult Care Food Program (CACFP). Every WCMCA Head Start enrolled child receives nutritious balanced meals: a single meal and snack for a part-day class of five hours or less, or two meals and one snack for a child in a full-day class of five hours or more.

Age-appropriate food experiences and activities encourage positive attitudes toward healthy foods. Children are encouraged to try new foods and assist with meal service and clean-up. The support of a nutritionist and classroom nutrition activities help your child develop good eating habits, offer nutritious food choices, and promote healthy development. Food safety and sanitation measures protect the health and safety of everyone.

**FOOD IS NEVER USED AS A PUNISHMENT OR REWARD.** Each child is encouraged, but not forced, to eat or taste the food served. Every portion of each item is offered, including the adults, unless there is an accommodation for a special diet or food allergy.

Children with special diets and food allergies must have a statement from the doctor that documents:

- Exact special diet and any foods omitted, including recommended food substitutions.
- Dates the diets will be in effect.
- Doctor's signature.
- The date it was signed.

Please update us if your child's diet or allergies change. A written plan will be made to accommodate a child's allergies and special diets. If a child has a special need or disability, the menu and/or feeding utensils will be changed to meet their needs.

The Head Start Nutrition Consultant is available to all Head Start parents to discuss nutrition concerns and their child's weight. Nutrition information for families is available to assist with:

- Food choices for healthy family meals that are within your budget.
- Balancing good nutrition and physical activity.
- Prevention of tooth decay.
- Portion sizes, portion control.
- Managing overweight and underweight children.
- Food allergies and sensitivities.
- Breast feeding.

All Head Start children under the age of 5 are eligible for WIC. Please apply at your local Public Health office. This institution is an equal opportunity provider.



## POLICY ON BRINGING FOOD INTO CENTERS

Head Start must follow strict rules when serving food at the centers to ensure safe and healthy food service. Please note the following policy for the safety of all children and staff:

1. No outside food is allowed or should be sent with your child.
2. All food served must be prepared in a kitchen licensed by the Minnesota Department of Health and served according to their standards.
3. High sugar, high fat foods are avoided. Popcorn and similar items that could be a choking hazard will not be served.
4. Adults are not allowed to have coffee, pop, or similar drinks in the classroom.

*“Head Start has made a difference in both our family time and our daughter’s interactions with her peers and family. It has prepared her for school and allowed us to have more time together reading and interacting.”*

*-Head Start Parent*



## SERVICES FOR CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES IN HEAD START

Children vary in their skills, knowledge, backgrounds, and abilities. Our Head Start program focuses on the child and family as individual program participants.

When a child shows concerns during our screenings or in the classroom, referrals to specialists will be recommended. Referrals will only be made with parent or legal guardian written permission. Our staff will assist families in this process.

### Services Provided to Children with Special Needs

Head Start provides the following types of services to children and their families with special needs:

- An inclusive educational experience.
- Health and developmental screenings.
- Ongoing educational assessments.
- Parent involvement and education.
- Family services.
- Health and nutrition services.
- Activities that will assist your child's transition in and out of Early Head Start and Head Start.
- Activities that assist your child's transition out of Head Start programming into kindergarten.
- Special accommodations that your child may need: equipment, eating utensils, diapers, etc.

The local public school/education agency will provide:

- A diagnostic evaluation.
- Special education planning.
- Special education services as needed.

Both Head Start and the local public school/education agency will work cooperatively to combine the range of offered services and provide the best preschool experience for a child with special needs.

*"The staff asked questions, listened to our concerns, collaborated with special education staff and connected us to other resources."*

*-Head Start Parent*





## SOCIAL-EMOTIONAL HEALTH IN HEAD START

Supporting social-emotional health and well-being is an important part of Head Start's work. It is also an essential part of a child's overall growth.

Head Start staff and consultants are available to assist with any child or expectant mother's social-emotional needs. They also assist with referrals to community resources. Referrals will only be made with parent or legal guardian written permission.

Individual goals based on a child's needs are developed by the parent and Family Education Specialist to promote social and emotional development. Information is available for all parents on:

- Behavior patterns.
- Child guidance.
- Child development.
- Stress management.
- Activities to enhance a child's social and emotional development.
- Parental concerns or needs.
- Resources available in these areas.

The classroom environment and activities enhance a child's self-concept with the overall goal of developing social skills. *Conscious Discipline* assists children in learning empathy skills, how to solve problems, and what they can do when they are angry. This approach is shared with parents so they can support their child's learning in these areas.

Our Head Start program supports children's social-emotional development in the following ways:

- 1. Prevention:** Help children learn to control their behavior, problem-solve, take turns, share, make friends, and be successful in the classroom.
- 2. Promotion:** Support children to form relationships with others, regulate their emotions, and learn by exploring their environment.
- 3. Intervention:** Assist families with screenings and follow-up on referrals.

*"My child learned problem-solving skills and how to better handle problems/conflict."*

*-Head Start Parent*



## MY RIGHTS AS A HEAD START PARENT

- To always be treated with respect and dignity.
- To receive a fair and courteous answer to each question.
- To be informed frequently about my child's progress in Head Start.
- To expect guidance from my Head Start Family Education Specialist and staff that will help my child's total individual growth.
- To be welcomed into the classroom.
- To be informed about community resources concerned with health, education, and the improvement of family life.
- To receive a complete copy of the Center Child Care program plan upon request.
- To receive information about menus and nutrition activities.
- To receive a copy of any form completed for Head Start purposes upon request.
- To help develop adult programs which will improve daily living for my family and me.
- To take part in planning and carrying out programs designed to increase my skill in areas of possible employment.
- To be able to learn about the operation of the program including the budget, and the level of education and experience required to fill various staff positions.
- To be represented at all Policy Council meetings.
- To take part in major policy decisions affecting the planning and operation of the program.
- A signed statement is required to refuse some Head Start services.



## THE FIVE PROTECTIVE FACTORS

These are specific research-informed protective factors that help to prevent the occurrence of child neglect and abuse. In Minnesota, we are working to create community environments and public policies that promote these protective factors.

1. **Nurturing and attachment.** Building a close bond helps parents better understand, respond to, and communicate with their children.
2. **Knowledge of parenting and of child and youth development.** Parents learn what to look for at each age and how to help their children reach their full potential.
3. **Parental resilience.** Recognizing the signs of stress and enhancing problem-solving skills can help parents build their capacity to cope.
4. **Social connections.** Parents with an extensive network of family, friends, and neighbors have better support in times of need.
5. **Concrete supports for parents.** Caregivers with access to financial, housing, and other concrete resources and services that help them meet their basic needs can better attend to their role as parents.

More about Protective Factors can be found at [childwelfare.gov/topics/preventing/promoting/protectfactors/](https://childwelfare.gov/topics/preventing/promoting/protectfactors/)

*“Head Start has been an amazing experience for my child & my family.”*

*-Head Start Parent*



## FAMILY PARTNERSHIPS IN HEAD START

Head Start works with parents to strengthen their role as the primary decision-makers for their children.

### Together We Can:

- Make reading to your child a priority.
- Listen and talk with your child.
- Make class attendance an important choice.
- Stay in close communication about your child's development.
- Discover how your child learns best.

Good partnerships mean Head Start parents and staff are learning from one another. Acting as a team, they identify the strengths, needs, and interests of the family. Parents are supported as they meet their own goals and as they nurture the development of their children. Family situations affect children. The Head Start staff are prepared to assist families in finding needed resources for self-sufficiency. The Head Start Community Resource Guide is available to assist each family in exploring their own solutions.

### Head Start assists families by:

- Making home visits.
- Referring to other services, agencies, or consultants. Head Start Mental Health and Nutrition Consultants are available to all Head Start families.
- Helping you identify the strengths and concerns of your family and providing a framework to help you set goals and time frames to meet your goals.
- Responding to your child's attendance to see if additional assistance could be provided.
- Working in a partnership that is driven by parent identification of their family's strengths and needs, parents and staff determine how the program can support families in pursuing their goals. Staff will assist families to accomplish their identified goals in many ways. Our goal is to link families within their community. If a barrier is identified, such as transportation or possible costs, our staff will assist you in looking at options in these areas.
- Providing learning activities, materials, and guidance to support parents with children's learning and development.

Head Start supports all children as they transition into and out of the program. Preparations for children transitioning out of Early Head Start and into Head Start or into a community Early Childhood program begins when the child reaches 30 months of age.

For children enrolled in Head Start, staff and parents will meet prior to the child entering Kindergarten. These meetings provide the opportunity to share information or concerns regarding the child and provide support in assisting the family for a smooth transition to the new program.



## PARENT INVOLVEMENT, COMMITTEES, VOLUNTEERING & IN-KIND IN HEAD START

There are several reasons volunteers are needed to work with the Head Start staff in the classroom:

- Head Start must provide opportunities for parent involvement with their child.
- Parents benefit from their volunteer time. Children look forward to having their parents or other important people in their lives as the teacher. Children enjoy sharing their learning experiences from school at home.
- Parent involvement is significantly linked to children's school readiness outcomes.
- Parents are welcome at the center any time during their child's class time.
- To prove that there is community support for Head Start, each Head Start program is required to collect in-kind from parents documenting their time dedicated to the program. The parent time from in-kind donations is given a dollar value.
- The in-kind collected from activities also provides the program with useful information about your child's interests, development and the effectiveness of the activities and materials sent home.
- For **every hour** you spend working with your child on activities, materials, and books sent home, you are **donating \$20.96** to your child's program!

### Parent Involvement is Important!

Research says a parent/primary caregiver supporting and encouraging their child's education strengthens his/her success as a learner. Parents who are actively involved and provide a positive and nurturing environment increase their child's success in life. Head Start wants to be there to support you during this important time. Please let us know how we can help.

**Head Start believes parents are their child's first and most important teacher!**

### Get Involved By:

- Talking with your Family Education Specialist about how you want to become involved.
- Reading the newsletters and other information Head Start offers.
- Completing activities and parent pages with your child and returning the in-kind sheets to your Family Education Specialist.
- Attending parent-child events.
- Joining Policy Council to share your ideas.
- Applying to be a paid substitute in our classrooms.
- Taking your child to their dental and Child & Teen checkup appointments.
- Actively participating with your child during Early Head Start home visits and socializations.



## Parent Committees

- Each classroom site's Parent Committee is comprised of parents and guardians of currently enrolled children.
- Parents are provided opportunities to participate in family and community events and are encouraged to engage in planning.
- The Parent Committee is responsible for electing a Policy Council representative for their area.
- Information from each Policy Council meeting is shared with all parents.

## Becoming a Paid Staff Member or Paid Substitute

Parents are notified of any open position within the Head Start program and are encouraged to apply.

When all qualifications are equal between current Head Start parents and other applicants, Head Start parents must receive preference for positions within the program.

Parents may apply to be a paid substitute for our Head Start classrooms.



## HEAD START POLICY COUNCIL

### What is the Policy Council?

Policy Council is a group of parents and community members who meet monthly to oversee the delivery of services to children and families. Through Policy Council, members actively share in making decisions about the program.

Being a member of Policy Council is a wonderful leadership opportunity!

### Who are the Policy Council Members?

- **Parents of enrolled children** – make up over half of the Policy membership.
- **Community representatives** include past parents, representatives from local resource services, professional organizations, or collaborative partnerships.

### What is the Work of Policy Council?

Policy Council works with Head Start Management staff and the WCMCA Board to develop, review, and approve or disapprove:

- Funding applications.
- Procedures for shared decision-making about long and short-range program planning.
- The composition of the policy group and their selection procedures.
- The annual and on-going self-assessment process.
- Criteria for recruitment and enrollment.
- Personnel policies.
- Decisions for hiring or terminating staff.

### How do I get to be a Policy Council Member?

Each local parent group elects a parent to represent their group at Policy Council. The time frame for these elections is September through November. The nomination process includes:

- Family Education Specialist explains the process to parents at initial home visits and ask parents if they are interested. These names are brought forward to all the parents at their center.
- The nomination list is shared with all parents.
- An election is held at their local Family Event/Meeting/Socialization or via ballot to select a Policy Council representative and/or alternate.
- Verification of election is documented on the Family Event/Meeting/Socialization form.



## What is my Role on Policy Council?

- Attend the scheduled Policy Council meetings. Members who cannot attend will call the office and arrange for their Alternate Policy Council member to attend in their place to ensure your center is represented.
- Listen to the needs of your local parents and represent their interests at Policy Council meetings.
- Serve on the hiring committee, participate in budget/fiscal review, or participate in program self-assessment.
- Communicate if you are no longer able to participate in Policy Council.

## Classroom Expectations

1. Adults in the classroom are expected to stay home when they are experiencing illness related symptoms.
2. Personal cell phones and other personal belongings are to be put out of sight. The Head Start cell phone is available during class time for emergencies and communicating with families.
3. Break times are listed on your classroom schedule. You are responsible for taking your break at the designated time, the Family Education Specialist will not remind you. However, please make sure to tell the Family Education Specialist you are leaving for your break.
4. Children come first. Remember we are here for them, therefore keep your focus on them. Keep adult conversations to a minimum and talk with children instead. Every conversation with a child promotes brain development and language skills.
  - Adults need to spread out throughout the children so if an adult is already sitting at an activity table, find another place to engage with children. At mealtime, be sure to focus on the children as well.
5. Pop, hot drinks, or food are not allowed in the classroom. Please feel free to have water at any time. Remember, we are working to set a good, healthy example for the children.
6. Be excited! The best way to get children involved is to be excited with them. If you show excitement about even the most tedious activities, they will be excited about them.
7. Make sure you spend time with each and every child in a positive activity every day!
8. Use behavioral situations as learning opportunities. Children often misbehave because they do not know another way. Use these opportunities to teach appropriate behavior, rather than focus on punishment.
9. Remember volume control. Always talk quietly. The louder adults talk, the louder the children become. Even whispering conversations in the back of the room during teaching times is distracting. If someone needs to talk to you during teaching times, please step out of the classroom and be as least distracting as possible.