

Douglas-Cherokee

HEAD START & EARLY HEAD START



Partnering
with Families.
Supporting
Children.
Strengthening
Communities.

Parent Handbook

Building Strong Foundations
for Bright Futures



NURTURING
Every Child



ENCOURAGING
Learning



EMPOWERING
Families



BUILDING
Stronger Together

Together,
we help
children grow,
learn, and
thrive.



Table of CONTENTS

This Parent Handbook is designed to provide families with important information about our program, policies, and services.



	Introduction	1
	Parent and Family Engagement	2
	Family Partnerships	3
	Families as Leaders	4
	Be a Volunteer	5
	Attendance	6
	School Readiness	7
	Building Strong Beginnings	8
	Transition Services	9
	Classroom Guidelines	10
	Campus Policies	12
	Discipline Management Policy	13
	Releasing a Child	14
	Health and Nutrition Services	15
	Disabilities and Mental Health Services	16
	Pedestrian Safety	17
	Identifying and Reporting Child Abuse/Neglect ...	18
	Abusive Head Trauma	19
	Sudden Infant Death Syndrome	20
	Fund Raising/Donation Policy	21
	Complaints/Grievances Policy	22
	Parent Suggestion Form	23
	Contact Information	24





Head Start Early Head Start

Building Strong Foundations for Bright Futures

Dear Head Start/Early Head Start Family,

Welcome to the Douglas-Cherokee Head Start/Early Head Start (DCHS/EHS) program. We are excited to have your child in our program. We are equally as excited to have your family in our program.

Our program serves eight counties in upper east Tennessee.

Those counties are: **Blount, Cocke, Grainger, Hamblen, Jefferson, Monroe, Sevier, and Union.** There are Head Start classrooms in all eight counties and Early Head Start classrooms in Hamblen County.

All basic services are provided at no cost to enrolled families. The program is funded with federal grants but requires parent and community support, usually in the form of donations that include space in building and volunteer services in support of children.

We hope the information in this book is helpful and useful to you and your family as you and your child begin a new experience with HS/EHS. No handbook can give you all the information you will need in the coming year but we hope this book gives you an idea about the program and how we can work together to make this a successful year. Remember, if you have any questions, do not hesitate to ask your **Teacher or Family Advocate.**



**DOUGLAS-CHEROKEE
ECONOMIC AUTHORITY, INC.**
Est. September 18, 1965



**Douglas-Cherokee
Economic Authority, Inc.**

MISSION STATEMENT

To provide resources, tools, and opportunities that help low-income families and individuals of all ages achieve personal, economic, and social stability.



**Douglas-Cherokee
Head Start/Early Head Start**

MISSION STATEMENT

To be a quality-focused organization in order to bring about a greater degree of social competency in children and self-sufficiency of families.

PHILOSOPHY

To be respectful of all, empower children and their families, and to be a positive influence in the community we serve.



**Community
Partnerships**



**Family
Support**



**School
Readiness**



**Whole Child
Development**

Parent and Family Engagement



Parent and family engagement in Head Start/ Early Head Start is about building relationships with families that support family well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children. Each family's experience is uniquely determined by their own interests, needs and goals.



We believe **the partnership** with parents is essential to providing quality early childhood services.

Evidence demonstrates that when the partnership is strong, children form better relationships, feel good about themselves, and do better in school. Both teachers and parents have the knowledge, expertise, and experience that are needed for the best education, care, and support to ensure that children are healthy, emotionally secure, and ready for school. To achieve this, we invite your family to actively engage in our program. Head Start and Early Head Start staff engage parents as advocates, lifelong educators, and first teachers of their children. Fathers, male family members and father figures serve key roles in the healthy development of their children and **families**, and have much to add to their Head Start communities.



Your child needs you to be involved.

As a HS/EHS parent you are part of your child's classroom Parent Committee.

Parent Committees consist of all the parents of enrolled children in each classroom. Your first Parent Committee Meeting will be at Parent Orientation which will be held sometime during the first month of attendance. Each Parent Committee will elect officers and a representative who will be a candidate for Policy Council membership. Parent Committee meetings give parents the opportunity to:

- ✓ To assist in planning and making arrangements for activities for the children.
- ✓ To examine the curricula or instructional materials.
- ✓ To extend their knowledge and understanding of the educational and developmental needs of their children.
- ✓ To talk with other parents and staff about the **program** and ways they can help.
- ✓ To share information about **program** and ideas on ways to improve the program.
- ✓ Keep up with what's happening in the **program**.
- ✓ To work together with staff and with other community members on activities they have helped develop and in which they have expressed an **interest**.

Families as Advocates and Leaders



Policy Council is a group that works in partnership with key management staff of the Head Start program. The group is made up of parents of children enrolled in the program and members from the local communities who are familiar with resources and services for children and families served by the Head Start agency. Minutes from the Policy Council meetings are posted on our website for parent review and discussion at Parent Committee meetings.

Policy Council helps to:

- Set program goals and direction
- Review and approve policies
- Oversee program planning and services
- Ensure families have a voice in decisions
- Strengthen our program and community

FAMILY PARTNERSHIPS

The Head Start/Early Head Start Program offers every family an opportunity to participate in a family assessment, discuss family's goals, and develop a family partnership agreement. The most important aspect of working with families is our ability to develop trusting relationships that allow each family to determine what they want to accomplish, how our staff can assist, and to what extent other community agencies will be involved.



FOCUS ON STRENGTHS

Parents are encouraged to focus on their **strengths and priorities** when developing Family Partnership Agreements (FPA).

The Family Advocate is available to assist and support parents' efforts in achieving their goals. This process is ongoing throughout the year.



MANY NEEDS, MANY RESOURCES

We know that your family may have **many needs**, and that one organization cannot hope to meet all of them.

Each year HS/EHS conducts a review of community resources in **order** to build a comprehensive network of services and supports for pregnant women and families with young children.



OUR GOAL

The goal is to increase your access to **community supports** and help you make the most of the resources available.

We are here to help you and your family succeed!

COMMUNICATION

A child's healthy development is promoted through ongoing communication between families and staff. HS/EHS encourages open and continuing communication about **home** and classroom childrearing practices to help minimize potential conflicts and confusion for children.

WE HAVE MANY WAYS TO COMMUNICATE WITH YOU:



Personal contact during morning greeting and afternoon departure



Family mailboxes



Parent-teacher conferences



Personal notes, daily experience reports, classroom newsletters, and parent information boards



Phone calls and e-mails



Home visits and parent committee meetings



WE VALUE YOUR INPUT AND PARTNERSHIP.

To keep communication open and effective, please let us know the best ways to reach you!



Strong Families.



Strong Children.



Stronger Communities.



Families *as* Learners



FAMILIES

The Head Start/Early Head Start program works with the family as a whole and provides opportunities for parents to advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals.

The Family Advocates will assist families with their education and training goals, and provide referrals to educational resources (GED, adult education, ESL, employment opportunities, parenting skills, job training, and job preparation skills).



ACTIVE PARENTING

Your child's first few years are so important! Learn how to make the most of them with Active Parenting: First Five Years. Active Parenting: First Five Years is a research-based and proven effective parenting curriculum.

You will have the opportunity to participate in sessions that will show you how to nurture your child with a "just right" combination of freedom and nonviolent discipline. Positive parent-child relationships set the stage for children's success in school and in life.



FAMILY READING TIP

Every day moments are the best learning moments. Talk, read, sing, and play with your child every day!



CHILDREN

Families are encouraged to observe and participate in child learning and development during home visits and in classrooms. **You are your child's first teacher**, and we know you want to help them succeed. Parents play a key role in their children's reading development at every stage.



A strong start to reading directly impacts a child's long-term learning and life success. Reading aloud to children helps stimulate brain development.



**20
MINUTES
A DAY**

Did you know if a child reads for 20 minutes every day, they are exposed to about **1.8 million words** of text every year?

That is **137 new words per minute!**

If families read together for 20 minutes a day, 7 days a week, they get more than **121 hours** of bonding time every year!

READING TOGETHER AT HOME



Make reading an important and pleasurable experience in your home. Reading not only stimulates development of your child's brain, but also fuels a close emotional relationship between you and your child.



READ, READ, READ!

Reading books is one of the most important ways to help your child prepare for success in school. Set aside a special time each day to read together.



To promote reading, all our classrooms send home a book bag. Please read the book to your child or have another adult or sibling read to your child.



Talking, singing, and reading together build vocabulary, strengthen bonds, and help your child grow, learn, and succeed!

Be a Volunteer!

Every Head Start program must receive at least **20%** of the total dollar amount that is awarded to the program in donations. Donations can be in several forms including time and goods. These donations are called **"In-Kind."**



WAYS YOU CAN VOLUNTEER

Volunteers can serve as little as 15 minutes or up to a full classroom day. Here are a few examples of ways you can volunteer.



Working in the classroom with the teachers and children



Helping the teacher prepare classroom materials



Reading a book to the children in the classroom, donating books, assisting with reading activities



Landscaping or beautifying centers



Leading physical activities (ex. Sports)



Sharing cultural and community experiences



Participate in our self-assessment for program improvement



YOUR TIME MAKES A DIFFERENCE!

Creating a quality Head Start/Early Head Start Program requires staff and volunteers to work together, sharing their talents, knowledge and energy so that the children can receive the greatest benefit. Douglas-Cherokee Head Start/Early Head Start would love for you to offer your services in helping to prepare children for school and a lifetime of academic success.

When you donate your time and talents, your contribution is assigned a dollar value. You will not get paid, but this dollar amount helps this program meet the federal grant requirements for matching funds.



VOLUNTEER QUALIFICATIONS

Volunteers should have a desire to work with children and staff to learn about child development and enhance parenting skills. You must be willing to be a team member and focus on the children's needs while in the classroom and have a positive attitude when working and assisting with the group and with individual children.

Classroom volunteers must complete volunteer orientation available at www.dceaheadstart.org.



PARENTS AS EMPLOYEES

In addition to volunteering in your child's classroom, you can be a substitute! Substitutes are paid to work as needed in classrooms when there are staff vacancies, or when staff are out for the day. Substitutes can work a flexible schedule. Ask your classroom staff, family advocate or area coordinator how you can get started subbing! Historically, 1/3 of our employees have been parents or former parents.



Attendance

Every Day Counts!



Excellent attendance is an important first step in your child's participation in our program.

Head Start programs are mandated to track child attendance and must report attendance numbers to the Office of Head Start.

The state of Tennessee defines **chronic absenteeism**, which includes all excused and unexcused absences, as missing **10%** or more instructional days. In an effort to prepare our children and families for success in Kindergarten, the program also expects **90% or greater attendance**.

As part of school readiness, the program will work with families when their child is at risk of having **below 90% attendance**, for dealing with **unexcused absences**, and for excessive tardiness and/or late pick up.



Make attendance a priority—set your child up for success!

Your child's regular attendance helps them build strong habits, learn and grow, and be ready for a bright future.

You Can Help Your Child Succeed



Be Present

If your child must be absent, it is your responsibility to contact the Teacher or Family Advocate **before** class start time. Please provide the reason for the absence and when you expect your child will return to their classroom.



Partner with Us

If attendance becomes a **recurring issue** and/or if there is not a significant improvement in attendance, the program will meet with the family.



Stay on Track

Regular attendance is **very important** to the program, to ensure continued funding, and to prepare your child for school readiness.



We're Here to Help!

We understand that families sometimes face challenges. If you need support with attendance or have any concerns, please reach out to your **Teacher** or **Family Advocate**. We are here to support your family and your child's success.

School READINESS

At Douglas-Cherokee Head Start/
Early Head Start, we believe every
child deserves the best start in life.
School readiness begins early and
grows every day!



School readiness is more than knowing letters and numbers. It includes the skills, confidence, and healthy development children need to succeed in school and in life.



School readiness begins at birth and develops through strong relationships, early learning experiences, and healthy brain development. It means children have age-appropriate skills in areas like language, thinking, physical growth, and social-emotional development, all of which are important for success in school.



FAMILIES ARE OUR PARTNERS

When families and our program work together, children thrive.

Children are considered school-ready when they:



Communicate

They express their needs, listen to others, and build language skills.



Interact with Others

They build positive relationships, take turns, and show kindness.



Manage Their Needs and Emotions

They understand feelings, follow routines, and handle challenges.



Show Curiosity and Solve Problems

They ask questions, explore, and think in creative ways.



Douglas-Cherokee Head Start/Early Head Start has developed specific goals that align with the Tennessee Early Learning Standards and the Head Start Child Development Early Learning Framework. The program provides support for school readiness by helping children grow in all areas and working with families to track progress. **Working together, we can be sure every child enters Kindergarten ready to learn.**

☆ *Together, we build bright futures for our children!* ♥

Building Strong Beginnings for Every Child and Family



Every child deserves a strong start.

Together, we support children and families to learn, grow, and succeed!



EDUCATION & EARLY CHILDHOOD DEVELOPMENT

Our goal is to prepare children for school and lifelong success by providing age-appropriate learning experiences that support the whole child.

CHILDREN LEARN THROUGH:



Hands-On Exploration



Early Literacy Experiences



Math & Problem Solving



Social and Emotional Development



Physical Growth and Healthy Habits

OUR CURRICULUM

We use The Creative Curriculum®, a play-based, child-centered approach that encourages children to learn through exploration, discovery, and meaningful experiences.

This approach helps children build:

- ✓ Confidence
- ✓ Curiosity
- ✓ Independence
- ✓ School Readiness Skills



FAMILY PARTNERSHIP

Families are a child's first and most important teachers.

Parents can stay connected to classroom learning and monitor their child's progress through the Teaching Strategies Family App.

When families and teachers work together, children thrive.



DUAL LANGUAGE LEARNERS

Some children learn two or more languages at the same time. These children are known as Dual Language Learners (DLLs).

Learning multiple languages is a strength that helps children develop communication, creativity, and critical thinking skills.

WE SUPPORT DLL FAMILIES BY:



Respecting each family's language and culture



Providing learning opportunities in meaningful ways



Partnering with families to support language development



Offering assistance through bilingual staff when available



Supporting families during home visits and parent conferences



FAMILY INVOLVEMENT MATTERS

Strong partnerships between families and teachers help children succeed in both languages and build confidence in learning.

Families are encouraged to share their language, culture, traditions, and experiences with the classroom community.



We honor every home language.

Together, we help your child grow, learn, and succeed! ❤️

TRANSITION SERVICES

..... *Supporting Your Child Every Step of the Way*



Transition is a process, not a one-time event. Head Start/Early Head Start facilitates the successful transition of children and their families into, through and out of the program. At enrollment, parents are provided with information about HS/EHS and the services provided. Parent involvement is an integral part of a successful program for you and your child.



Families are also welcomed into the program through Open House/ orientation activities. Young children need the support of their parents when going to new places or when having new experiences. As a parent, you can be a great help to your child adjusting to the new experience of HS/EHS.



EARLY HEAD START

Our mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning.

- ✓ When your infant/toddler is accepted into the program, you are asked to spend some time in the classroom with your child. This gives you and your child time to get to know his/her teacher and become familiar with the classroom environment.
- ✓ Smooth transitions are important to ensure that each child continues to receive enriching early child development services, and each family continues to receive the support services necessary to healthy family development.
- ✓ Infants and toddlers are active learners, exploring their environment, manipulating objects, and establishing relationships with adults and peers. We provide a safe, nurturing, and developmentally appropriate environment where your child can freely explore, discover, and learn.
- ✓ Working with families, EHS supports the healthy physical, social, emotional, cognitive, and language development of each child to his/her fullest potential.
- ✓ Healthy pregnancies lead to healthy newborns. Our staff work with pregnant mommies using the **Partners for a Healthy Baby** Curriculum to support healthy birth outcomes, bonding and attachment, and doctor visits. During this home visiting stage, the families receive face-to-face support with their Family Advocate and are encouraged to visit their child's future classroom.



HEAD START

Throughout the school year, your child will be learning school readiness skills including social skills, which prepare him/her for kindergarten.

- ✓ Teachers will be discussing your child's growth during home visits and parent conferences, so that you can follow your child's progress in skills such as getting along with others, listening, and using words to express feelings or ideas.
- ✓ Classroom transition activities will be provided so that children can learn about kindergarten behaviors, expectations, and express feelings about going to kindergarten.
- ✓ Head Start supports parents in preparing children for public school kindergarten by providing information, making connections, and asking local school personnel to speak with parents.
- ✓ There will be meetings for parents to share concerns, ask questions, and support each other during the months before your child enters public school.



Classroom Guidelines



ARRIVAL/ DEPARTURE AND CENTER PROCEDURES

- Children cannot be accepted earlier than the designated arrival time; therefore, you will be expected to wait in your car with your child. In case of extreme emergency, parents must call the center for child to remain past closing time.
- During operating hours, parents/guardians shall be permitted immediate access to their children, unless an order of protection or other legal document otherwise restricts or prohibits such access. Unexpected visitors, people who turn up at the center and claim to be visiting grandmothers, aunts, absent fathers, etc., will not be permitted to have any contact with a child unless prior arrangements have been made with the parent who placed the child in the center.
- All center closings will be announced to parents/guardians as soon as possible. Announcements will be sent out on Remind.com. Each classroom will give information on how to join Remind.com for announcements upon enrollment.
- Head Start preschool program will follow the local school system for weather-related closures. If the county school system closes for weather, the center will be closed. If the county school system is 1 or 2 hours delayed for weather, the center will be 1 hour delayed.
- Early Head Start program will follow Douglas-Cherokee Economic Authority, Inc. Agency for all weather-related closures and delays. Closures will be announced on Remind.com.
- Due to Tennessee Child Care Licensing, non-enrolled children are not permitted to be present during meetings or special events that are held in the classroom.
- There must be no smoking or vaping on the grounds while children are present.
- During a time of unexpected or extraordinary circumstances, the program will follow guidance from federal, state, local authorities, and funding sources to incorporate those recommendations and resources into classroom specific plans. It may be necessary to modify the classroom environment and/or change practices to provide additional protection for children, families, and staff. Staff may be assigned alternative work locations or telecommunicating to work toward program objectives, engage families, and deliver services to the maximum extent possible.
- All children will be provided with developmentally appropriate transition activities that promote a successful move from preschool to kindergarten. Our program does not participate in activities that are not age appropriate, including formal graduations, cap and gown ceremonies, or extravagant presentations.



EMERGENCY PROCEDURES

- Each child must have emergency contact information on file. Parents must complete an emergency authorization form with a list of people who are allowed to pick up their child. The person picking up the child must show identification, sign the child out of the center, and be at least 16 years old.
- In the event of an emergency, fire, flood, structural damage to the building or another disaster that makes it necessary to evacuate the building, the staff will stay with the children at the designated location until their parents arrive.
- All parents will be trained on the Emergency Preparedness Plan at orientation or upon enrollment of the child.
- Parents are to notify the center of any changes with work/cell phone numbers so that you may be reached in an emergency.





OUTSIDE ITEMS PROCEDURES

- Children cannot bring food, backpacks, money, or toys to the center; however, infants and toddlers are allowed to bring special snuggle/security blankets or toys.
- Parents must check their child's pockets before coming to school. Children cannot bring any dangerous items such as guns, knives, etc. to school. If this occurs, parents will be contacted to pick up their child.



OUTDOOR PLAY PROCEDURES

- Outdoor play is an important part of our program. Please see that your child is suitably dressed to play outside. We go outside if the temperature and weather is permissible.
- Tennis shoes are an excellent choice for outdoor play. Sandals, flip flops, etc. are not safe for running, climbing, and other outdoor activities.



MEAL/FEEDING PROCEDURES

- All children and staff must eat only the food prepared at the center unless specific instructions are prescribed by a physician and documentation is on file at the center.
- Early Head Start recognizes the importance of breast-feeding. We will store and use your frozen or refrigerated breast milk for your infant. We support your choice to breastfeed for more information contact your family advocate.
- Pacifiers are permitted in Early Head Start but cannot be attached to the child's clothing.
- Infants and toddlers in Early Head Start eat and sleep "on demand" and are not forced to eat and sleep on adult designed rigid schedules.



HEALTH PROCEDURES

- A current physical exam and immunization record signed and/stamped by a health care provider must be on file in the child's health record and classroom file before he/she may attend the center. Each child must receive all immunizations at entry and remain on schedule unless there is a medical reason certified by a health care provider, or a religious exemption as to why these immunizations should not be given.
- A current dental determination and exam is required. Your child is expected to follow the American Academy of Pediatric Dentistry recommendation to be seen by a dentist every 6 months. Your Family Advocate can assist you if needed.
- Non-prescription drugs such as aspirin, code tablets, cough syrup, Tylenol (acetaminophen), Motrin (ibuprofen), ointments, etc., may not be given unless written physician's orders so advise.
- A brief health check will be conducted on each child daily. A child may not remain at the center if he or she is thought to be ill. Any sick child will be isolated from the group with adult supervision until arrangements are made for the child to go home.
- A child will not be allowed to attend the Head Start Center if they have a communicable disease, diarrhea (2 episodes), or vomiting. Also, a child will not be allowed to attend if they have a temperature of 100.4 degrees Fahrenheit or more, with other signs or symptoms of illness. Furthermore, the child must be free of diarrhea, vomiting, and fever (without medication) for at least 24 hours prior to returning to the center.
- Parents will be notified of the occurrence of a communicable disease among the center children.
- If a child has lice or nits, the parent will be informed when the child is picked up or taken home. The child must be treated before returning to school. Your child's head will be checked by a staff member before coming back into the classroom. Proof of treatment is being free of live lice and greatly reduced number of nits.



★

**Working together to create
a safe, healthy, and nurturing
environment for every child.**



RESPECTFUL CONDUCT

We ask everyone to help
create a positive learning
environment.

Please:

- ✓ Be respectful and courteous.
- ✓ Follow safety rules and procedures.
- ✓ Support a positive atmosphere for children.

Please Do Not:

- ✗ Use alcohol, illegal drugs, weapons, or bring dangerous items on program property.
- ✗ Threaten, intimidate, harass, or engage in aggressive behavior.
- ✗ Use profanity, yell, or make inappropriate displays of anger.
- ✗ Display clothing, pictures, words, or messages that are inappropriate.



CONFIDENTIALITY POLICY

Your family's privacy
is important to us.

- ✓ Records are kept confidential.
- ✓ Parents may review records pertaining to their own child.
- ✓ Information is shared only when necessary and permitted by law.
- ✓ Staff access information only as needed to perform their responsibilities.
- ✓ Families and staff work together to respect the privacy of others.
- ✓ Information suggesting a child may be at risk of harm will be reported as required by law.



SMOKE-FREE & VAPE-FREE CAMPUS

To protect the health and
well-being of our children.

- ✗ No smoking or vaping inside any program buildings.
 - ✗ No smoking or vaping on playgrounds, parking lots, or program grounds.
 - ✗ No smoking or vaping during Head Start/Early Head Start sponsored activities and events.
 - ✓ Staff may smoke or vape only during approved breaks in designated areas away from children and families.
- Parents, volunteers, visitors, contractors, and community members are expected to follow this policy.



TOGETHER, WE SUPPORT OUR CHILDREN AND FAMILIES EVERY DAY.

Thank you for helping us make our program a wonderful place
to learn, grow, and succeed.

DISCIPLINE MANAGEMENT POLICY

We believe that children learn best through experiences. We believe our staff must guide and redirect the children to help them learn to cooperate with their peers. Positive educational experiences, encouragement, good health practices, and a supportive home will enhance a child's development. We believe we can best accomplish this by:

- 1 Having a variety of activities and experiences for children.
- 2 By using group management techniques, limiting the number of children in each area of the room to avoid overcrowding and to allow sufficient materials and opportunities for positive interactions.
- 3 By maintaining state recommended adult/child ratio.
- 4 By speaking with a child if their behavior is inappropriate or if they are using materials inappropriately. Modeling acceptable behavior and using calming techniques.
- 5 By using positive language with the children to give praise for appropriate behavior. For example, "I like the way Sue is listening." "We walk inside" instead of don't run."
- 6 After using the above techniques, if a child is still having a problem in an area of the room, she/he may be asked to play in another area. For example: "John, this is not the way we play in the sand, please go to the puzzle table or library." As the year progresses children will learn the rules and what behavior is accepted.
- 7 Sometimes just a touch on the shoulder can let a child know of your presence and this will in turn put him/her back in task.
- 8 After exhausting the above-mentioned methods, a child may still be having behavior issues. If this is the case, the child may be placed in "time-out". "Time-out" can last 3 to 5 minutes depending upon the age of the child. **Time out will only be used on children 3 years old and up.** The child will be informed that when they have calmed down, they may return to play. If the child begins to tantrum aggressively (hurting others, materials, or themselves) or trying to run from staff and not calm themselves after a warning, then the parent may be called. Our goal is for the child to learn self-control and to learn to calm themselves. If the child displays extreme behavior issues, then a parent/teacher conference will be requested so a plan to address behavior issues will be completed.
- 9 For children with consistent behavior difficulties, a team decision would determine if a referral for further services would be beneficial and if Head Start is the appropriate placement for the child.
- 10 According to Child Care Licensing and Head Start regulations any form of hitting, corporal punishment, abusive language, ridicule, harsh or humiliating or frightening treatment, is not tolerated. **This applies to staff as well as parents volunteering in the classroom.**



OUR GOAL:

For each child to learn self-control and to learn to calm themselves in a safe and supportive environment.



The program has a process in place to work with children and families with a mental health consultant to handle extreme behavior concerns. Remember, we try to be consistent in our behavior techniques and class rules so children will know what we expect of them. If you have any questions about your child's behavior, please don't hesitate to ask the teacher.





Releasing a Child to an Adult 'Under the Influence' Or a Non-Custodial Adult



The well-being of all children under the care of Douglas-Cherokee Head Start/Early Head Start is of primary importance. To adequately protect the child while in HS/EHS care staff will use every precaution in releasing a child. We will not release a child to any person suspected to be 'under the influence' or to a non-custodial adult.



If there is a custody issue, the program will not accept the responsibility of deciding which parent has legal custody where there is no court document. The program will accept the information given by the enrolling parent unless presented with a court document that shows otherwise.



The custodial parent will be notified if an unauthorized adult attempts to pick up a child without written approval.



Staff will not accept telephone authorization unless it is an emergency and the staff person can readily identify the caller without question. Staff will verify the identification (i.e. driver's license) of anyone they have not met and do not know, but their name is on the emergency list, who attempts to pick up the child.



Access to Campus

For persons with a prohibited criminal history/registered as sexual offender/violent sexual offenders.

In compliance with [Tennessee Licensure Rule 1240-04-03-.07](#), Douglas-Cherokee Head Start will restrict persons with a prohibited criminal history and persons registered as Sexual Offender/Violent Sexual Offenders from access to Head Start/Early Head Start campus and off-campus events. Tennessee Code Annotated defines "registered person" as:



- A "sexual offender" is any person who has been convicted in this state of committing a sexual offense as defined by T.C.A. 40-39-202 (20); or has another qualifying conviction as defined by T.C.A. 40-39-202 (2).
- A "violent sexual offender" is any person convicted of a violent sexual offense as defined by T.C.A. 40-39-202 (28); or has another qualifying conviction as defined by T.C.A. 40-39-202 (2).



A person who has a prohibited criminal history or is registered as a "sexual offender" or "violent sexual offender" **must** confidentially disclose such status to Douglas-Cherokee Head Start immediately upon enrollment of his/her child(ren). Failure to do so can result in a violation of Douglas-Cherokee Head Start policy.



Access to Head Start/Early Head Start Campus will be restricted for all persons with prohibited criminal history and all "registered persons" by limiting involvement to dropping off and picking up only. No registered person may attend any Douglas-Cherokee Head Start events on campus or off campus.



Our top priority is the safety and well-being of every child.
Thank you for partnering with us to keep our children safe.





HEALTH SERVICES



Our commitment to wellness embraces a comprehensive vision of health for children, families, and staff. Our objective is to support healthy physical development by encouraging practices that promote early identification of problems, and prevent illness or injury, and by promoting positive culturally relevant healthy behaviors that enhance life-long wellbeing. For pregnant mothers, it is important that you have a primary health care provider and go to your prenatal visits.



SCREENINGS

Screenings are done to identify concerns regarding a child's development, behavioral, motor, language, social, cognitive and emotional skills and to identify the number of parent and child Adverse Childhood Experiences (ACEs). After explaining the screenings to the children, they will be screened in vision, hearing, speech, language, height/weight, and developmental. Parents will receive the results of all screenings.



PHYSICAL EXAMINATION

In order to comply with licensing and program requirements, all children enrolled in the program must have the following on file:

- A physical examination, current and up to date within the last 12 months and updated annually. Physical examinations may be obtained from a child's regular physician or possibly from your County Public Health Department.
- Up-to-date, age-appropriate immunizations throughout the school year.



DENTAL EXAMINATION

Dental health is important because it can affect your child's overall health, and his or her ability to concentrate while at school. All children must have up-to-date dental determinations (exams) by an oral health care professional based on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) dental periodicity schedules. Dental exams should be completed prior to entry into the program if possible. Ask your [family advocate](#) for assistance in locating a dental provider if needed.



NUTRITION SERVICES



The program provides a foundation for your children to experience positive attitudes toward food and nutrition as well as to understand the value of good nutrition for lifelong health.



MEAL SERVICES

Family style meal service is an integral part of our food program. Children are encouraged to eat a variety of nutritious foods provided daily.



MEAL & SNACKS

Children attending our program will be served breakfast, and a nutritious lunch daily. Infants and toddlers will be served age-appropriate foods.



LEARNING TIME

In HS/EHS centers, mealtimes are also learning time. For infants, this is a time to bond with their primary caregiver. For older children, it is a time to learn about new foods, set the table, and assist in serving.



NO OUTSIDE FOOD

Due to the increasing number of children who have food allergies, parents may not bring any food items into the classrooms, at any time, including celebrations.



Protecting Children



Strengthening Families



Building Brighter Futures





DISABILITIES SERVICES



Head Start/EHS **welcomes** and **fully includes** children with disabilities. The individual needs of each child are evaluated and responded to in a way that builds upon individual strengths. Each child with special therapy needs may receive this through the local school system from the time they are three years old. For infants and toddlers, EHS partners with Tennessee Early Intervention Services.



If determined that **Douglas-Cherokee** is the appropriate placement through the IDEA process, the program can continue coordinating services with ongoing engagement of the family.



During our screenings you may find your child will need further evaluation and these will be completed as soon as possible. If you have any questions or concerns regarding your child, please ask your **Family Advocate** or **Teacher**. We do not diagnose; all disabilities are diagnosed by a professional in the field of concern.



MENTAL HEALTH SERVICES



To promote a program wide culture of well-being, the program is **required to have** a mental health consultant who will work with staff, children, and families to implement strategies that build nurturing and responsive relationships and create positive learning environments that promote the social emotional development of all children. Options will be discussed with parents before any child is referred to any outside social emotional health services.



Young children are just learning social skills. Some children have challenging behaviors, and the program works with these children and their families. Challenging behavior includes being hurtful to self or others, persistent disruptive behavior, being destructive, or interfering with their own or other children's learning.



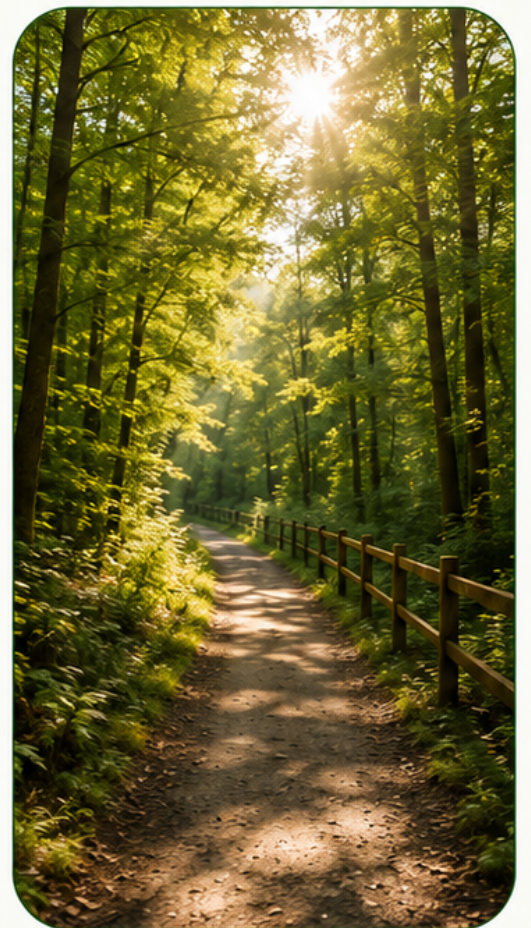
If a temporary suspension is deemed necessary, the program will work with the families and the mental health consultant to help the child return to full participation as quickly as possible while ensuring the safety of all children.



Head Start and Early Head Start Staff work very hard to make sure no one is injured in our classrooms but sometimes it does happen. We work with families and children on any issues that arise. We cannot discuss specific information pertaining to other children in the classroom as this is confidential information and ask you as parents not to discuss outside of Head Start. Young children are impulsive and quick to anger, and we work with children on controlling these impulses.



Remember: If you have concerns talk with your teacher or Family Advocate.



We are committed to supporting the whole child and family.
Together, we help every child grow, learn, and succeed!



PEDESTRIAN/ VEHICLE SAFETY

Parents are responsible for transporting their child to and from the Head Start center on a daily basis.

.....

When dropping off your child in the morning, you must hold your child's hand until the child is safely in the building. This same rule applies when picking up your child. You must hold your child's hand until he or she is safely buckled in your vehicle. Children should be transported in a car seat that is age and weight appropriate for the child.



Safety Tips Around Vehicles:



Never leave **ANY** child unattended in a vehicle.



Make it a habit to always look in the back of your vehicle before walking away.



Keep vehicles locked when not in use to prevent a child from getting inside the vehicle.



Thank you for helping keep all children safe!





IDENTIFYING & REPORTING

Child Abuse and/or Neglect



It is the mission of DCEA Head Start/Early Head Start to promote, protect, and provide for the physical, mental, and emotional health and safety of our children; and to cooperate with individuals, organizations, and agencies who share the responsibility with us. We will assume our duty to identify abused and neglected children, to support the local child protective service program, and otherwise encourage prevention in the all-important parent-child system in which our children develop.



Tennessee Code Annotated § 37-1-403(a)(1) states: "Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect."



- 1 If any staff person has knowledge or reasonable suspicion that a child has been mistreated, abused, or neglected based on personal observation or disclosure by the child, they must report immediately, or as soon as practically possible, to the Department of Children's Services at **1-877-237-0004** or call local law enforcement.



- 2 At no time will anyone from DCEA ask anyone not to report suspected abuse or neglect! If that occurs, disciplinary action, up to and including termination, will result.



- 3 The program will preserve the confidentiality of all records pertaining to child abuse or neglect problems; and will cooperate fully with the Department of Children's Services and other child protection agencies.



Training:

Douglas-Cherokee Head Start/Early Head Start provides initial orientation and annual training for staff, and any interested parents, on the identification and reporting of child abuse and neglect.



PARENT INFORMATION:

ABUSIVE HEAD TRAUMA (AHT)

= Prevention =



WHAT IS ABUSIVE HEAD TRAUMA (AHT)?

Abusive Head Trauma (AHT), sometimes called "Shaken Baby Syndrome," is a serious brain injury caused when a baby or young child is violently shaken or experiences a forceful impact to the head. AHT can result in permanent brain damage, lifelong disabilities, or death.

WHY ARE BABIES MORE VULNERABLE?

- ✓ Large, heavy heads compared to their bodies
- ✓ Weak neck muscles that cannot fully support the head
- ✓ Developing brains that are easily injured by sudden movement



Even a few seconds of violent shaking can cause serious harm.



KNOW THE WARNING SIGNS

Seek immediate medical attention if your child experiences:

- ✓ Difficultly waking up or extreme sleepiness
- ✓ Poor feeding or repeated vomiting
- ✓ Trouble breathing
- ✓ Seizures
- ✓ Unusual fussiness or irritability
- ✓ Limpness or weakness
- ✓ Bruising or injuries that cannot be explained



REMEMBER: Some children may have no visible injuries even when serious brain damage has occurred.

POSSIBLE LONG-TERM EFFECTS

Children who survive AHT may experience:

- Brain injury
- Developmental delays
- Learning disabilities
- Vision or hearing loss
- Cerebral palsy
- Behavioral and emotional challenges



HOW TO PREVENT ABUSIVE HEAD TRAUMA



NEVER SHAKE A BABY

Crying is a normal part of infant development, especially between **2** and **4 months** of age.

- ✓ Place your baby safely in a crib.
- ✓ Take a few minutes to calm yourself.
- ✓ Ask a trusted family member or friend for help.
- ✓ Return when you feel calm and ready.



EVERY CAREGIVER NEEDS THIS INFORMATION

Anyone who cares for your child should understand:



- ✓ The dangers of shaking a baby
- ✓ Safe ways to comfort a crying infant
- ✓ When to ask for help during stressful moments

This includes grandparents, babysitters, relatives, and child care providers.

WAYS TO COMFORT A CRYING BABY



Rock or gently sway your baby.



Offer feeding if it is time.



Check the diaper.



Use soft music or white noise.



Hold your baby skin-to-skin if appropriate.



Take a walk with the stroller when possible.



Remember that some babies continue to cry even after all of their needs have been met.



WHEN TO SEEK EMERGENCY HELP

Call 911 or seek emergency medical care immediately if you believe a child has been shaken or has suffered a head injury.

Prompt medical treatment can save a child's life and reduce the risk of long-term injury.



Remember:
Crying is Normal.
Shaking is Dangerous.
Asking for Help is the Right Choice.



Every parent and caregiver experiences stressful moments. Taking a short break while your baby is safe can protect both you and your child.





SIDS

(Sudden Infant Death Syndrome)



SIDS is the sudden and unexplained death of a baby under 1 year of age, usually during sleep.

USE SAFE SLEEP PRACTICES



Don't Smoke

Don't expose your baby to cigarette smoke before or after birth.



Don't Bed Share

Never fall asleep with your baby in your bed or in a chair or sofa. (Do not put baby to sleep in the same room as parents.)



Place in Bare Crib

The baby should be placed in a crib with no covers, pillows, bumper pads or positioning devices.



Place on BACK to SLEEP

Always place your baby, day or night on their back to sleep.



Offer a Pacifier

A pacifier may reduce the risk of SIDS.



Breastfeed

Breastfeeding is associated with a reduced risk of SIDS.



Give Tummy-time when baby is AWAKE

and supervised or being played with.



Do NOT put baby in room

that is too warm or in too many clothes. (If baby is sweating, remove some clothes.)



Discuss with pediatrician IMMEDIATELY if baby

- Has periods of not breathing, going limp or blue
- Gags excessively after spitting up

A SAFE SLEEP ENVIRONMENT

- ♥ Alone
- ♥ On their Back
- ♥ In a Crib
- ♥ Bare (no blankets, pillows or bumper pads)
- ♥ In a Smoke-free Room



Remember:

A safe sleep environment today helps protect your baby for tomorrow. ♥



For more information visit: www.sids.org



Fund-Raising/ Donation Policy



Our program does not participate in fund-raising activities. Donations of cash/goods done in the name of Douglas-Cherokee Head Start/Early Head Start must be handled in a consistent and professional manner.



Staff and parents cannot solicit funds; however, it is appropriate to make the public aware we accept donations through **personal contacts**. Examples might include:



- **VAP (Volunteerism Always Pays) program** through the local Walmart encourages employee volunteerism in the community. A monetary donation may be made based on the volunteer time given by the Wal-Mart employee.



- **Staff or parents** may be affiliated with or have contacts with community leaders and civic organizations that may have an interest in donating.



- **Local churches** may be interested in contributing to a classroom (especially during the holidays).



- **Local restaurants** may offer to donate a meal or give a discounted rate to provide a cultural experience for the children and/or parents.



- **Relatives of staff or parents** may be interested in sponsoring a special activity for the children and/or parents.

Any monetary donation must be treated as program income and can only be spent for purposes related to the Head Start/Early Head Start program to be counted as in-kind. There are some activities that are acceptable but not allowable as in-kind (i.e.-Christmas gifts, T-shirts for End of Year Celebration). Teachers must work with the Parent Committee and should ask for assistance from the Parent Involvement Manager if any questions arise or if parents have ideas/suggestions in conflict with established policies/Head Start Performance Standards.



WRITTEN PROCEDURE

FOR HEARING AND RESOLVING PARENT AND COMMUNITY COMPLAINTS/GRIEVANCES



- 1 The classroom teacher should be contacted or consulted if there is a complaint/grievance by a parent or community person.



- 2 If the nature of the complaint/grievance is such that it can be answered by applying the program policies, this information should be given to the parent or community person.



- 3 If the nature of the complaint/grievance is not covered by a program policy, the Area Coordinator must be contacted immediately.



- 4 All complaints/grievances will be brought to the attention of the Area Coordinator.



- 5 The Area Coordinator will address the situation with the person making the complaint/grievance.



- 6 The Director will be consulted. At the director's request appropriate Managers may meet with the director to review the complaint/grievance.



- 7 At the discretion of the Director and the Executive Director, the Policy Council may be made aware of the complaint/grievance.



- 8 The Director will then take action to resolve the complaint/grievance. The final action will be based on the information received, existing program policies, and advice of Policy Council and/or Executive Director.



- 9 An appeal of the decision of the Director may be made to the Policy Council, and after [review](#) the decision of the Policy Council will be final.



★ **MUST BE VOTED [ON](#) BY POLICY COUNCIL AND BOARD ANNUALLY**



Working Together



Respecting Families



Building Stronger Communities

Douglas-Cherokee Head Start/Early Head Start Parent Suggestion Form

Douglas-Cherokee Head Start/Early Head Start is always striving to do a better job for our children and their families. As a Head Start parent, we welcome your suggestions/concerns anytime. We are always looking for new ideas to use in our classrooms, parent trainings and staff trainings. Please send in any suggestions/concerns that you have. Turn this form in to your Teacher, Family Advocate or mail to:

Douglas-Cherokee Head Start/Early Head Start 127 Cedar St. Morristown, Tn. 37814

Attn: Parent Involvement Coordinator

Parent/Child Name _____

Classroom _____ **Teacher** _____

Suggestions for classrooms _____

Parent Enrichment activities _____

Parent Trainings _____

As a parent, I'd like to learn more about: (Please list specifics)

☐ My rights as a parent: _____

☐ How to further my own education: _____

☐ Head Start's Menu _____

☐ Volunteering in classroom _____

☐ Getting my child interested in learning i.e. home activities _____

☐ Other; explain _____

We also realize that you may want to express some concerns that you may have. Please feel free to let us know those too.

Concerns _____

Thank you for all that you do for your child and for our program. Without your help and support our program could not function. Again, thank you!! Remember, we welcome volunteers daily! Parents are invited to visit the classroom and examine the curricula and instruction materials at any time.

***Policy Council Minutes and Parent Resources are located on the
Douglas-Cherokee HS/EHS website at www.dceaheadstart.org***



Hours of Operation

DAY	HOURS
Monday – Thursday	8:00 a.m. – 5:00 p.m.
Friday	8:00 a.m. – 1:30 p.m.

..... Contact Information



**Douglas-Cherokee
Economic Authority, Inc.**

 423-587-4500

Executive Director

Megan Barnard



 423-587-4501

Director

Curt Amos

Assistant Director

Emily Kelley

Education Manager

Amber Wagner

Health & Nutrition Manager

Brandy Legg

**Disabilities & Mental
Health Manager**

Billie Epps

**Family & Community
Partnership Manager**

Kristie Woolard

Human Resources Manager

Ginny Ritchea

Finance Manager

Melody Cantrell

Property Manager

Shannon Smith



Classroom Hours

Classroom operating hours may vary by center and program. Please contact your child's classroom or Family Advocate for your center's daily schedule.

Douglas-Cherokee Head Start/Early Head Start

Policies



- Parent and Community Volunteers
- Attendance
- Transition
- Access to Campus for Persons with a Prohibited Criminal History/Registered as Sexual Offenders/Violent Sexual Offenders
- Emergency Evacuation
- Arrival and Departure
- Lice and Other Insects
- Classroom Guidelines
- Confidentiality Policy
- No-Smoking
- Standard of Employee Conduct
- Behavior/Mental Health Referrals
- Head Start Classroom and Behavior Management Techniques
- Early Head Start Classroom and Behavior Management Techniques
- Program Suspension
- Releasing a Child to an Adult “Under the Influence” or a Non-Custodial Adult
- Food to be Served in the Classroom
- Permission for an Outside Agency to Provide Therapy at Head Start Form
- Identifying and Reporting Child Abuse and Neglect
- Fund-Raising/Donations
- Written Procedure for Hearing and Resolving Parent and Community Complaints/Grievances About the Head Start/ Early Head Start Program



Policy #: Parent Involvement 6.2

Effective Date: 09/2009

Revision Date: 07/2009

Policy Council Approval Date: 09/2009

Parent and Community Volunteers

Performance Objective: Head Start/Early Head Start shall provide opportunities to participate in the program. Parents must be welcomed as visitors and volunteers and encouraged to observe children as often as possible and to participate with children in group activities. The program must also perform community outreach to encourage individuals to participate as volunteers. Each contact with staff or visit to a Head Start/Early Head Start site will provide an opportunity for training and/or learning new information about the program.

Procedure

Head Start/Early Head Start staff members must be alert to the opportunity to provide orientation information and training to all prospective volunteers.

Volunteers should have a desire to contribute to the success of the Head Start/Early Head Start program by maintaining a positive, helpful attitude and work harmoniously within a center or Head Start/Early Head Start group. It is important for the volunteer to have a willingness to work toward achieving Head Start/Early Head Start program goals and to follow policies and procedures.

All volunteers are required to complete the following prior to volunteering:

- Volunteer Orientation power point
- Read & review the Volunteer Guidelines
- Read & review the Confidentiality Policy
- Read & review the Code of Conduct
- Sign the Code of Conduct & Conflict of Interest Disclosure Form
- Read & review the Standards of Employee Conduct
- Sign the Standard of Employee Conduct

Volunteers that are not parents will also be required to read and sign the Volunteer Emergency Preparedness Plan Notification and fill out a volunteer job application with current address, phone number, emergency contact info, etc. After the application is filled out, a copy of the application only must be sent to the Parent Involvement Manager. All the other forms need to be kept in the center in a file labeled Volunteers.

Practicum students may need to provide photographs of the classroom in order to meet their course objectives. To ensure that the student is complying with Douglas-Cherokee Head Start/Early Head Start regulations and guidance, parents must give permission by signing the permission for photography form for their child's photo to be used by the student.

The teacher will ensure that all required forms are completed and maintained at the center. All required volunteer forms collected during the year will need to be sent to central office at close out.

The teacher or his/her designee will also maintain volunteer records on the proper form and enter into InkindPro.

All volunteers must sign into the classroom before starting their day. The staff shall be responsible for and supervise the activities of volunteers to assure safety of the children. Volunteers must abide by the program's standards of conduct and should never be left alone with a child.

Suggested ways for parents/volunteers to help in the Head Start/Early Head Start program:

- Attend Policy Council meetings, parent trainings, assist with and attend parent committee meetings and encourage other parents/community members to volunteer.
- Volunteer in the classroom, complete volunteer projects at home and attend parent-teacher conferences.
- Accompany children on visits to the dentist, doctor or health department or assist the teaching staff in providing health education in the classroom.

- Assist with food services or discuss healthy food choices, color, shape and texture with children.
- Complete activities at home articulated by the teacher and that support the classroom curriculum in order to support the child's Head Start/Early Head Start experience.



Policy #: Social Services 7.1

Effective Date: 09/2009

Revision Date: 06/2010, 09/2010, 05/2013, 09/2013, 12/2016, 12/2017, 06/2026

Policy Council Approval Date: 09/2013, 12/2016, 12/2017, 06/2026

Attendance

Performance Objective: Regular attendance is an essential school readiness goal and prepares children and their families for kindergarten. Federal regulations require programs to identify children at risk of dropping below 90% attendance. Individual child attendance is monitored to identify children at risk of excessive absences and identify ways to promote attendance.

Documenting Attendance:

Classroom staff are responsible for ensuring each child's attendance is documented daily. Attendance is tracked during sign-in and sign-out either electronically or written. Classroom staff and family advocates are responsible for tracking attendance issues and identifying concerns. Families must acknowledge that they are fully responsible for their child's attendance.

All Absences:

- Classroom staff must be notified, no later than classroom start time, every day a child is absent. A reason for the absence and an expected return date are required.
- If the program is not contacted within one hour of class start time, staff must attempt to contact the parent/family to ensure the child's well-being.
- Program staff will provide support to families to reduce obstacles that may interfere with their child's attendance.

Consecutive Absences:

- After two (2) consecutive unexplained absences, staff will conduct a home visit or make other direct contact with a child's parents/family.
- After three (3) consecutive unexplained absences with no contact, staff must conduct a home visit. If contact is made, staff and parents will:
 - Review the program attendance policy and parents' responsibilities.
 - Discuss reasons for the child's absences.
 - Discuss barriers and create a support plan to ensure regular attendance resumes.
- If there is no contact during this home visit, staff will leave a door hanger or letter stating if the program is not contacted within three (3) days, we must assume the family is no longer interested in our program.
- If there is no contact after these three (3) days, the program must consider the slot vacant, and a drop notice will be sent to the family.
- All contacts and attempts to communicate must be documented in ChildPlus.

Unexcused Absences:

- After each absence, classroom staff will remind families about the importance of regular attendance.
- After three (3) unexcused absences, family advocates will meet with families and:
 - Review the attendance policy.
 - Discuss reasons for the unexcused absences.
 - Provide support to prevent future unexcused absences.
- After four (4) unexcused absences, family advocates will:
 - Contact the family community partnership (FCP) manager (who will provide an attendance letter indicating the family could be at risk of losing their slot).
 - Meet with the parent, review the attendance letter, and get parent's signature.
 - Provide support to prevent future unexcused absences.
- After five (5) unexcused absences:
The area coordinator and/or the FCP manager will contact the family to discuss:
 - Missed days and prior steps taken to improve attendance.
 - Federal regulations related to promoting attendance.
 - Expectations of attendance to prevent further action.

- Provide guidance and support to help families make improvements.
- For any additional unexcused absences, a meeting between parents and program management will be scheduled to discuss circumstances of the child's chronic absenteeism and ways to provide additional support.
- Continued unexcused absences will result in the program evaluating if the family really needs our services and determine if the slot should be vacated to "enroll the children most in need of program services".
- Details of all unexcused absences must be documented in ChildPlus.

Excused Absences:

- Absences with a doctor's note are considered excused. Other absences may be excused by the family community partnership manager, the assistant director, or director. Requests will be reviewed on an individual basis.
- All absences are reviewed. Even excused absences may cause a child's attendance to be at risk of falling below 90%. When this occurs, family advocates will provide support to parents and help determine appropriate strategies to improve their child's attendance.

Late Arrival and Early Departure:

A tardy occurs when the child arrives more than 15 minutes after class start time. It is important to be on time as this is when children transition to breakfast. Early departures occur when the child is picked up more than 15 minutes before the class ends. Family advocates and/or program management will discuss concerns with parents who habitually drop off late or pick up early.

Late Pickup:

It is very important for children to be picked up on time. We could get a licensing violation for children being present outside of the "approved hours of operation". If a child is not picked within 10 minutes of class ending time, staff will call the parent and other emergency contacts. If no one on the contact list can be reached to pick up the child our only option is to contact the Department of Children's Services (DCS).

All attendance procedures, documentation, and support must be followed.

Families of enrolled children will be made aware of the Attendance Policy at orientation and will have a copy of the policy in the Parent Handbook.



Policy #: Education 3.11

Effective Date: 09/2017

Revision Date: 06/2010,
09/2010, 09/2017

Policy Council Approval Date: 09/2017, 12/2021

Transition

Performance Objective: DCHS/EHS will incorporate strategies and procedures to ensure the successful transition of the child and family into the DCHS/EHS program, through the program (from classroom to classroom and/or from EHS to HS), and out of the program (from EHS to other childcare arrangements, and/or from HS to kindergarten).

Special Needs Children

To be assessed and determined on an individual child and family basis and will follow recommendations from IFSP/IEP. An Annual Review at the end of the child's preschool experience will document any continued therapy needs and a summary of the final assessment scores. A copy will be given to the parent.

Teachers and Family Advocates will follow the Transition Services Plan for all transitions throughout the program.

Procedure:

Transition into HS/EHS

1. When an application is taken, the parent or guardian will be informed of the basic requirements for HS/EHS attendance.
2. The Family Advocate will review the Transition Service Plan with the family and document as needed.
3. Attendance of the parent orientation/pre-placement meeting is mandatory and can be counted as the pre-enrollment visit.
4. Meeting(s) and home visits with the Family Advocate, Teacher, and/or other Social Service Providers will be held to meet individual child/family needs and at least one home visit will be completed before enrollment.
5. A pregnant mommy will receive home visits prior to birth of her child and a visit 2 weeks after giving birth. The EHS teacher will visit with the child and mother prior to the child attending EHS. The mother will complete a pre-placement visit prior to the child attending.

Transition through the Program

1. EHS will have one transition for children moving from the Infant/Young Toddler room (age 6wks to approx. 24 months) to the toddler's room (ages 24 months to 36 months).
2. Ideally, but not necessarily, the child should be down to one nap near the middle of the day and be weaned from the bottle and the pacifier before moving up from the infant/young toddler room.
3. An individualized plan will be made for the child to outline transition activities and visits to the new room. The parent/caregiver should meet with the old and new teachers to discuss any health information or updates.
4. A typical transition period of 3 days to 2 weeks will occur within each transition, the time allotted will depend on each child.
5. The child's parent will need to meet with the new caregiver and complete a pre-placement visit to update health and emergency information.

Transition Out of the EHS Program

1. All children enrolled in EHS will begin the transition process at 30 months of age, which will continue until the child is three years of age or older if necessary.
2. The Transition Plan will be followed and will take into account:
 - the child's health status and developmental level,
 - progress made by the child and family while in EHS,
 - current and changing family circumstances, and
 - the availability of HS and other child development or child care services in the community.
 - any special service evaluations that need to be completed
 - The Transition Services Plan has a format for time of each step of the process to a preschool setting.

3. Transition from Early Head Start into Head Start Preschool or another program as soon as possible after the child's third birthday but the child may remain in Early Head Start for a limited number of additional months following the child's third birthday if necessary for an appropriate transition.
4. If a family chooses not to enroll in Head Start they will be informed at the end of their transition plan that a final date of attendance will be established up to six weeks after the child's third birthday.

Transition Out of the HS Program

Staff begin in early Spring to introduce activities that will help the child transition to Elementary School. When practical, children begin using lunch trays similar to those used at their new school, talk about different classroom schedules, using a big gym, etc. Virtual or on-site field trips are also completed which allows the children to see and talk about their new school

Parent Involvement in Transition Activities

1. DCHS/EHS will assist parents in becoming their children's advocates as they transition both into EHS or HS from the home or other child care setting, and from HS to elementary school.
2. Staff will work to prepare parents to become their children's advocate through transition periods by providing a staff-parent meeting that will be held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in EHS or HS.
3. Parents will have the opportunity to be involved in training by the local school systems on kindergarten requirements and summer activities. HS will notify parents of the training and kindergarten registration days and encourage parents to attend all pre-kindergarten events held in their county.
4. Parents will be given written information on preparing their child for kindergarten and information on fun summer activities. Individual county information will be given to those parents who cannot attend the local school system training.
5. To promote the continued involvement of HS parents in the education and development of their children upon transition to school, the program will:
 - Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting;
 - Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children's education.

 Policy #: Administration 1.31	Effective Date: 9/14/12	Revision Date:
Policy Council Approval Date: 9/14/12		

Access to Campus for Persons with a Prohibited Criminal History/Registered as Sexual Offenders/Violent Sexual Offenders

Performance Objective: In compliance with Tennessee Licensure Rule 1240-04-03-.07, Douglas Cherokee Head Start will restrict persons with a prohibited criminal history and persons registered as Sexual Offenders/Violent Sexual Offenders from access to Head Start/Early Head Start campus and off- campus events.

Douglas Cherokee Head Start classifies persons with a prohibited criminal history as defined below:

1. A criminal conviction or a no-contest or guilty plea; or any pending criminal action, including individuals subject to any warrant, indictment, presentment, etc.; or placement in a pretrial diversion; or
2. A pending juvenile action or previous juvenile adjudication, which, if an adult, would constitute a criminal offense; and
3. Any of the circumstances in subparts (1) and (2) above involves any of the following criminal offenses:
 - i. Any offense (including a lesser included offense) involving the physical, sexual or emotional abuse or gross neglect of a child, or involving a threat to the health, safety or welfare of a child;
 - ii. Any offense (including a lesser included offense) involving violence or the threat of violence against another person; and/or
 - iii. Any offense (including a lesser included offense) involving the manufacture, sale, distribution or possession of any drug.
4. Is listed on the Department of Health's Vulnerable Person's Registry.

Douglas Cherokee Head Start classifies "registered person" as defined by Tennessee Code Annotated:

A "sexual offender" is any person who has been convicted in this state of committing a sexual offense as defined by T.C.A. 40-39-202 (20); or has another qualifying conviction as defined by T.C.A. 40-39-202 (2). A "violent sexual offender" is any person convicted of a violent sexual offense as defined by T.C.A. 40-39-202 (28); or has another qualifying conviction as defined by T.C.A. 40-39-202 (2).

Operating Procedure:

A person who has a prohibited criminal history or is registered as a "sexual offender" or "violent sexual offender" must confidentially disclose such status to Douglas-Cherokee Head Start/Early Head Start immediately upon enrollment of his/her child(ren). Failure to do so can result in a violation of Douglas-Cherokee Head Start/Early Head Start policy.

Access to Head Start/Early Head Start campus will be restricted for all persons with prohibited criminal history and all "registered persons" by limiting involvement to dropping off and picking up only. Unless otherwise prohibited by law or a court ordered probation restriction, a registered person may drop their child(ren) off at their designated Head Start/Early Head Start campus or pick their child(ren) up at their designated Head Start/Early Head Start campus.

No registered person may attend any Douglas-Cherokee Head Start/Early Head Start events on campus or off campus.

Nothing contained herein is intended to create an obligation by Douglas-Cherokee Head Start/Early Head Start to identify and/or confirm an individual as a "registered person" or any individual's criminal history. Douglas-Cherokee Head Start/Early Head Start reserves the right to deny a registered person access to any Head Start/Early Head Start campus, activity, or program, if it is deemed to be in the best interests of other children or staff in the Head Start/Early Head Start program.



Policy #: Education 3.5

Effective Date: 09/2009

Revision Date: 07/2009, 04/2017,
10/2017, 7/2024

Policy Council Approval Date: 09/2009, 7/2024

Emergency Evacuation

Performance Objective: To provide a safe environment and to promote the safety of all individuals connected with the Douglas-Cherokee Head Start/Early Head Start Program.

Procedure:

All staff and parents will be trained on the Emergency Preparedness Plan for their center. Staff and children are required to complete appropriate trainings and drills. Each training and drill must be documented on the Douglas-Cherokee Safety Code List (Pink Sheet) in their classroom. If any children have physical disabilities, you may need to make special arrangements for their safe exiting.

Prepare for emergencies in advance by taking these important actions:

1. Keep up-to-date emergency information for children and staff. Make a specific person responsible for having this information on hand in emergencies in the event of program site evacuation. Ask parents to update emergency contact information every 6 months, or as needed.
2. Know where you are going to relocate if the building must be evacuated. Inform families about the relocation site and inform them of where to find the relocation site posting notifications.
3. Record daily attendance of staff and children. Designate a staff member to keep track of attendance and conduct a name to face roll call before leaving and upon reaching the relocation site.
4. Post emergency telephone numbers (police, fire, rescue, or central emergency code, and poison control) beside every phone. All individuals using the building should be familiar with these numbers and the procedures to be used in an emergency.
5. Plan two exit routes from every area of the building. Check evacuation or exit routes daily for clear paths, and check egress door functions for operation. Inspection of egress doors to be logged on the Douglas-Cherokee Safety Code List (Pink Sheet) monthly. Post emergency evacuation exit instructions in every room where they can be seen easily. Emergency lighting and Exit signs will be checked monthly for battery backup and function and logged on the Douglas-Cherokee Safety Code List (Pink Sheet).

Emergency Procedures:

- Every center and classroom are required to complete the Emergency Preparedness Plan annually. The template is given out at the beginning of each program year and must be approved by the Facilities and Maintenance Manager by the deadline given.
- Every employee must read and sign the Emergency Preparedness Plan for their center. New hires must complete this immediately upon starting at their center. It is expected that every employee understands and follows the Emergency Preparedness Plan for their center in the event of an emergency.
- All Emergency Preparedness Plans must be reviewed monthly and updated as needed on the classroom level.



Policy #: Education 3.10

Effective Date: 09/2014

Revision Date: 09/2017, 8/2024

Policy Council Approval Date: 09/2014, 9/2024

Arrival and Departure

Performance Objective: The center sign in log will be completed to assure that all children being transported by their parent or guardian to a Head Start/Early Head Start site have accurately been accounted in the adult/child ratio. The center sign out log will be completed at departure to assure each child has safely exited the classroom with an approved adult thereby eliminating the possibility that any child would be left unattended in the classroom.

Procedure:

Morning Drop Off

1. Children cannot be accepted earlier than the designated arrival time for the center. If you arrive before the designated arrival time, you will be expected to wait in your car with your child. This policy will be strictly enforced by **ALL** staff.
2. Immediately upon arrival, the parent must sign their first and last name on the sign in log (electronically or on paper) with the time of arrival to the center. Once the child has been signed in by the parent, the child will immediately be counted in the adult/child ratio.
3. Parents are to notify the center of any changes in work or home phone numbers so that you may be reached in an emergency.
4. A brief health check will be conducted on each child daily. A child may not remain at the center if he or she is thought to be ill.
5. The teacher will complete a head count to ensure the number of children present in the classroom is accurate and update the total number of children present on the classroom board. The teacher will then document the child as present on the attendance sheet.

Afternoon Pick Up

1. Parents must fill out an authorization form or send a note to give a person (other than the parents) permission to pick up their children. The person picking up the child must sign the child out at the center, be at least 18 years old, and show identification.
2. Parents will sign their first and last name on the sign out log (electronically or on paper) with the time of departure from the center.
3. The teacher will complete a head count to ensure the number of children present is accurate and change the number of children present on the classroom board.

Late Pickups

Two staff members must stay with the child. If no one is available, the teacher must call the area coordinator immediately and then contact the Central Office.



Policy #: Health 4.7

Effective Date: 02/2013

Revision Date: 02/2013, 09/2015

Policy Council Approval Date: 02/2013, 09/2015

Lice and Other Insects

Performance Objective: To follow the CDC recommendations regarding lice while also preventing the spread of lice and other insects from child to child in the classroom.

Procedure for Lice:

- Classroom lice checks should only occur at the end of the class day.
- If a child has lice or nits, the parent should be informed when the child is picked up or taken home.
- The child must be treated before returning to school.
- As many families choose to use non-pesticide alternative treatments (such as mayonnaise, olive oil, or combing), proof of treatment will be the child's head being free of live lice and greatly reduced in the number of nits.
- If the child is allowed to stay, the parent must be informed that any remaining nits should be removed before returning, and that the child's head will be checked again the following day.
- If there are questions the Health & Nutrition Manager should be called.
- Individual checks should be done in a private area of the classroom and only be done if a child is observed scratching.
- If live lice or nits are found, staff may call the parent/guardian to inform them that their child has lice or nits.
- The staff will inform the parent/guardian that they may come pick up their child early or wait until the usual pick-up time.
- When the child returns to the center TWO staff will check the child's head WITH THE PARENT THERE.
- The parent should stay until the child's head has been checked and determined to have been treated.
- The child's head should be checked every morning upon arrival to ensure the number of nits is decreasing and no more bugs are found.
- Once no bugs or nits are found, the child's head should be checked every morning for two weeks to monitor for reoccurrence.
- The teacher will notify all parents when a case of lice is discovered by sending home the notice typically used to inform parents of infections and/or diseases.
- The Family Advocate and/or Teacher will provide information on getting rid of lice to parents on an as needed or requested basis.
- If the child is determined to have NOT been treated, he or she will not be allowed to stay.
- If a child returns and it appears that the child has not been treated for lice two days in a row, the Family Advocate must notify the Health and Nutrition Manager.

Procedure for Bed Bugs/Ants/Fleas/Roaches/Other Pests:

- A child WILL NOT be excluded for living in a home which is infested with pests.
- If the child attends school and has two or more individual pests crawl off of the child, or be found on the child or in the child's clothing or hair, the parent will be called and asked to pick up the child and make sure the child does not have pests on their person when returning to school.
- The classroom staff will inform the Family Advocate of the situation.
- The Family Advocate will contact the family to help find solutions to the pest problem.



Policy #: Education 3.2

Effective Date: 9/2009

Revision Date: 7/2009, 4/2012,
5/2015, 9/2015, 10/2017, 6/24/2026

Policy Council Approval Date: 9/2009

Classroom Guidelines

Arrival/ Departure and Center Procedures

- Children cannot be accepted earlier than the designated arrival time; therefore, you will be expected to wait in your car with your child. In case of extreme emergency, parent must call the center for child to remain past closing time.
- During operating hours, parents/guardians shall be permitted immediate access to their children, unless an order of protection or other legal document otherwise restricts or prohibits such access. Unexpected visitors, people who turn up at the center and claim to be visiting grandmothers, aunts, absent fathers, etc., will not be permitted to have any contact with a child unless prior arrangements have been made with the parent who placed the child in the center.
- All center closings will be announced to parents/guardians as soon as possible. Announcements will be sent out on Remind.com. Each classroom will give information on how to join Remind.com for announcements upon enrollment.
- Head Start preschool program will follow the local school system for weather-related closures. If the county school system closes for weather, the center will be closed. If the county school system is 1 or 2 hours delayed for weather, the center will be 1 hour delayed.
- Early Head Start program will follow Douglas-Cherokee Economic Authority, Inc. Agency for all weather-related closures and delays. Closures will be announced on Remind.com.
- Due to Tennessee Child Care Licensing, non-enrolled children are not permitted to be present during meetings or special events that are held in the classroom.
- There must be no smoking or vaping on the grounds while children are present.
- During a time of unexpected or extraordinary circumstances, the program will follow guidance from federal, state, local authorities, and funding sources to incorporate those recommendations and resources into classroom specific plans. It may be necessary to modify the classroom environment and/or change practices to provide additional protection for children, families, and staff. Staff may be assigned alternative work locations or telecommunicating to work toward program objectives, engage families, and deliver services to the maximum extent possible.
- All children will be provided with developmentally appropriate transition activities that promote a successful move from preschool to kindergarten. Our program does not participate in activities that are not age appropriate, including formal graduations, cap and gown ceremonies, or extravagant presentations.

Emergency Procedures

- Each child must have emergency contact information on file. Parents must complete an emergency authorization form with a list of people who are allowed to pick up their child. The person picking up the child must show identification, sign the child out of the center, and be at least 16 years old.
- In the event of an emergency, fire, flood, structural damage to the building or another disaster that makes it necessary to evacuate the building, the staff will stay with the children at the designated location until their parents arrive.
- All parents will be trained on the Emergency Preparedness Plan at orientation or upon enrollment of the child.
- Parents are to notify the center of any changes with work/cell phone numbers so that you may be reached in an emergency.

Outside Items Procedures

- Children cannot bring food, backpacks, money, or toys to the center; however, infants and toddlers are allowed to bring special snuggle/security blankets or toys.
- Parents must check their child's pockets before coming to school. Children cannot bring any dangerous items such as guns, knives, etc. to school. If this occurs, parents will be contacted to pick up their child.

Outdoor Play Procedures

- Outdoor play is an important part of our program. Please see that your child is suitably dressed to play outside. We go outside if the temperature and weather is permittable.
- Tennis shoes are an excellent choice for outdoor play. Sandals, flip flops, etc. are not safe for running, climbing, and other outdoor activities.

Meal/Feeding Procedures

- All children and staff must eat only the food prepared at the center unless specific instructions are prescribed by a physician and documentation is on file at the center.
- Early Head Start recognizes the importance of breast-feeding. We will store and use your frozen or refrigerated breast milk for your infant. We support your choice to breastfeed for more information contact your family advocate.
- Pacifiers are permitted in Early Head Start but cannot be attached to the child's clothing.
- Infants and toddlers in Early Head Start eat and sleep "on demand" and are not forced to eat and sleep on adult designed/rigid schedules.

Health Procedures

- A current physical exam and immunization record signed and/stamped by a health care provider must be on file in the child's health record and classroom file before he/she may attend the center. Each child must receive all immunizations at entry and remain on schedule unless there is a medical reason certified by a health care provider, or a religious exemption as to why these immunizations should not be given.
- A current dental determination and exam is required. Your child is expected to follow the American Academy of Pediatric Dentistry recommendation to be seen by a dentist every 6 months. Your Family Advocate can assist you if needed.
- Non-prescription drugs such as aspirin, code tablets, cough syrup, Tylenol (acetaminophen), Motrin (ibuprofen), ointments, etc., may not be given unless written physician's orders so advise.
- A brief health check will be conducted on each child daily. A child may not remain at the center if he or she is thought to be ill. Any sick child will be isolated from the group with adult supervision until arrangements are made for the child to go home.
- A child will not be allowed to attend the Head Start Center if they have a communicable disease, diarrhea (2 episodes), or vomiting. Also, a child will not be allowed to attend if they have a temperature of 100.4 degrees Fahrenheit or more, with other signs or symptoms of illness. Furthermore, the child must be free of diarrhea, vomiting, and fever (without medication) for at least 24 hours prior to returning to the center.
- Parents will be notified of the occurrence of a communicable disease among the center children.
- If a child has lice or nits, the parent will be informed when the child is picked up or taken home. The child must be treated before returning to school. Your child's head will be checked by a staff member before coming back into the classroom. Proof of treatment is being free of live lice and greatly reduced number of nits.



Policy #: Administration 1.1

Effective Date: 3/2010

Revision Date: 3/2010

Policy Council Approval Date: 3/2010

Confidentiality Policy

Performance Objective: Families have the right to protection of personal information in their relationship with Head Start/Early Head Start during and following the process of obtaining services.

1. DCEA HS/EHS will collect all information that is relevant and necessary to accomplish the goals of HS/EHS families. Parents will be used as the primary source of information about themselves; and the information sought from the family will be limited to that which is essential for services.
2. Parents and other volunteers are prohibited from viewing records other than those of their own children.
3. Family information will be available to HS/EHS employees with the understanding that they will respect the right of privacy for each parent and child.
4. Employees will not reveal any information they may have access to that would breach this confidentiality policy or procedure and infringe on the right to privacy of the parent, volunteer, or child.
5. Files containing confidential information on children and/or staff will be locked when not in use; access to the file keys will be closely monitored.
6. Children's health, education, disability, and social services records will be open only to HS/EHS staff and special consultants on a "need to know" basis (to the extent necessary to provide services). Appropriate managers will view records periodically in relation to their component area. A "Permission to Release and Obtain Records Form" must be completed and signed before access to records may be granted to a staff person not directly associated with that component area.
7. Written permission must be obtained from the parent /guardian before releasing any information regarding a HS/EHS child/family. (Please refer to Procedure VII A for incidences where permission is not needed).
8. When a family expresses a need or a concern, other agencies and individuals should be consulted only with the family's consent and within the limits of that consent.
9. Any verbal or telephone requests from someone not associated with HS/EHS for personal information concerning a child, parent, or employee should be referred to the appropriate person at Central Office. This will help to avoid accidentally releasing confidential information to an unauthorized person.
10. Any information received in confidence that could lead to a person being harmed must be brought to the attention of Central Office.
11. DCEA HS/EHS will impress upon parents and staff the importance of confidentiality and work together to maintain confidentiality.

Breach of Confidentiality

Any violation of the confidentiality policy is subject under law as a criminal offense with the following actions possible:

- A. Job dismissal for failure to follow the agency's regulations or professional standards.
- B. Conviction of a misdemeanor for violating certain confidentiality laws.
- C. The client can sue the employee who divulges information wrongly.
- D. Lawsuit for damages or for the invasion of privacy.

Procedure:

I. Rights, Risks and Responsibilities of the Helper

- A. **The Family:** The integrity and privacy of a family cannot be invaded except in very extenuating circumstances. A family must not be imposed upon to behave in a particular way, to rear children in a particular way or to be or not to be anything not of their own choosing, except in very unusual situations. In most instances, the helper has a right to enter the family's territory only with the consent of the family. Once the helper has become involved, he must accept risks and responsibilities to himself and to the family.

B. The Helper and Your Rights:

1. **You have a right to observe a family.** You can know where a family lives, see them interact at meetings and know about the size of the family. Neither invasion of privacy nor meddling should be confused with

the right to observe public behavior. Each family has a public and private life. Your rights are to the public information of a family based on what you observe.

2. **You have a right to try to establish a relationship.** If your work is with families, part of your job description is to establish relationships with those you serve. As an individual, you also have a right to offer to others the opportunity to build a relationship with you. They may not want to become involved and reject your offer. They may even resent you for being presumptuous or bold. If so, it is their choice and you are bound to respect them, but you do have a right to offer to build a relationship with the family.
3. **You have a right to express genuine, honest, respectful interest.**
4. **You have a right to offer help to a family.** When you are aware of a family's needs, based on observations of their behavior or your relationship with them, you have a right to offer to help them in any way you can. These rights, of course, must be done in an honest, respectful way.

II. **Maintaining the Records**

- A. Only information that is relevant and necessary to accomplish the goals of HS/EHS should be placed in the records. This information should not contain value judgments or assumptions, but should contain only observable behavior or information obtained from the parent or agencies that have direct knowledge of the family. When writing observations always consider the following:
 1. Does the "wording" reflect factual information or information that is judgmental?
 2. Would the family have adverse reactions if they were to read the information?
 3. Keep within known and observable facts, stay away from assumptions.
- B. In keeping documentation on a child and/or family activities, please keep in mind that a monitor (e.g.-Manager) only knows what you are doing by the system you have written down and how well you document.
- C. All records will be kept in locked cabinets and will be spot checked by appropriate Managers.
- D. In the event that records need to be transported from the center, FA office or Central Office, all records will be maintained in secure, locking file boxes/bags designated specifically for the secure transfer of records.

III. **Access to Records within the Agency:** Limited Access - those who may review the records are limited to persons working directly with the child and family.

A. **Teachers Records**

1. The teacher is responsible for the child's records and will only allow an individual to view those records when the need is justified.
2. HS/EHS Management Team, Area Coordinators, and HS/EHS Director have access to education records.
3. When access is warranted by those staff not directly related with HS/EHS educational duties, the "Permission to Release and Obtain Records Form" must be signed.

B. **Social Service and Health Records**

1. The FA's are responsible for child and family records and will only allow an individual to view those records when the need is justified by DCEA HS/EHS policy.
2. HS/EHS Management Team, Area Coordinators, HS/EHS Director and have access to social service and health records.
3. When access is warranted by those staff not directly related with social service and health service duties, the "Permission to Release and Obtain Records Form" must be signed.

IV. **Access to Records Outside HS/EHS Agency**

1. Anyone requesting access to a record outside the agency must be approved by the Director. If approved, the individual must sign the "Permission to Release and Obtain Records Form" (ex.: therapy services).
2. **Note:** HS/EHS records are for HS/EHS use only and will not be shared with anyone outside the program without written consent from the parent. Specific records may be shared within the agency to persons unrelated to the specific delivery of services.

V. **Accountability of Disclosure**

- The HS/EHS employee will keep confidential information that has been obtained in the course of professional service unless disclosure serves professional purposes or is required by law. Sometimes it is necessary to share information in our records. It is important this is done properly to ensure the family's right to confidentiality.
 1. Decide if sharing the information requires parental permission.

2. Be aware of whom you are discussing the information with, or who might overhear.
3. Does the information require identifiers to be discussed such as the child/family name, address, etc.? Identifiable information is defined as that possible to identify the family or child with reasonable certainty. This includes any information that contains the following: the child's name, address, telephone number, or any other data that can readily identify a child or family.
4. General information, which is non-specific, unidentifiable, does not include name, address, or other identifying information, may be released without written consent (ex.: number of children with disabilities, compiled family data, and number of children by age).
5. When it is appropriate to share confidential information concerning a HS/EHS child/family, an accurate account of the discussion must be kept. Account must include:
 - Parent Permission
 - Date, nature and purpose of disclosure
 - Person or agency to whom the disclosure is being made

Note: The greatest break in confidentiality occurs between HS/EHS colleagues. Informal conversations, talking in front of outsiders, visitors, and other staff can be a violation of confidentiality and privacy of the HS/EHS family. You need to be conscious of loose talk—where, when, and in front of whom you discuss HS/EHS families.

VI. Confidentiality of Student Records: Parent Rights

- A. Parents are governed by the Right to Privacy, which means the right to have the facts of one's private life kept secret by those with whom one shares the facts.
- B. Protect, ensure, and enforce the parent's rights to have access to their child's student records.
 1. Records may be viewed by the parents of a child at any time.
 2. If the parent wishes to have a copy of certain records, then a request needs to be written and returned to the FA or the child's teacher. Once the request is received, copies of the child's records will be sent to the parent within seven (7) working days.
 3. The parent has the right to amend their child's student records if they believe them to be inaccurate, misleading, or a violation of privacy.

VII. Written Permission to Release Information

- A. Written permission must be obtained from the parent/guardian before releasing any information regarding a HS/EHS child/family when it actually identifies the child's name, address, or any other identifying information. Parent Permission is not needed in such circumstances as:
 1. HS/EHS staff or consultants directly involved with the child/family.
 2. State and local officials who need the information for official reports.
 3. Courts with a judicial order or subpoena.
 4. Officials involved in the health and safety of child when the HS/EHS child's health and safety is threatened. Consider these factors when sharing this information:
 - The seriousness of the threat.
 - The information needed.
 - Will the agency person be able to take some sort of protective action?
 - The amount of time a referral will take.
- B. Written Permission must include:
 1. What specific information is needed, or what specific information is being shared?
 2. Why is this information important to the child's involvement with HS/EHS?
 3. Who is requesting the information and to whom will the information go?
 4. Time frame specifically noted for how long the permission will be in effect.

5. The purpose of the information in regard to HS/EHS or the agency requesting the information.

C. Informed Consent - Written permission must also involve the parent being fully informed of all action regarding the permission. When obtaining parent permission to release records be sure the parent has full knowledge of the following:

1. What you are doing and why.
2. Who is doing it.
3. How the information will be used?
4. The consequences of giving permission.
5. The consequences of not giving permission.
6. The parent has the right to revoke the signed permission at any time the permission is in effect.

Note: Records to other agencies, school systems, and service providers cannot be released automatically. You must have parent consent to release anything. When the information was given to you, it was with the understanding that it was for HS/EHS purposes and was given in confidence with that expectation of confidentiality.

D. When permission is given to obtain records from an outside agency for HS/EHS purposes be sure the parent also receives a copy of the released materials.

E. When information is released to an outside agency by HS/EHS with signed consent, be sure the parent also receives a copy of the information being released.

F. Any action of sharing confidential material must be properly documented.

VIII. Computerized Information

A. Parent permission will be obtained at the time of the application to ensure that parents are aware that their child/family HS/EHS information will be kept in a computer system.

B. Computerized information falls under the same criteria of confidentiality as written information kept in the child's folder.

C. Limited access applies and HS/EHS staff should view only the material that is directly within their concern of the child's attendance within HS/EHS.

IX. Sharing Information Verbally

A. No information regarding a HS/EHS child or parent may be verbally shared with anyone other than those HS/EHS employees directly involved with the family and only where said information is necessary for appropriate service provision, without prior written parent permission.

B. Verbal information regarding a child/family shared with other staff members should be done in confidential quarters - never in the presence of the child, other children or parents, non-HS/EHS persons, or HS/EHS persons not directly involved with the child. Example: The natural or name of a handicapping condition, in most cases, is not necessary for adequate service provision.

X. Verbal Request of Information

- HS/EHS employees may not verbally request information from members of the community or HS/EHS parents, about a child/family without prior approval from the Central Office. The information requested should be for a specific reason and appropriate to the needs of the family. Example: The teacher assistant notices that the father has not been in the home during the past two weeks and sees the family's neighbor in grocery store and asks neighbor if the parents have separated.

XI. Foster Care

A. Foster children are considered to be a ward of the state, not the foster family.

B. The child's social worker will be asked to sign all forms for HS/EHS enrollment and all release of information forms unless the Social Worker appoints the foster parent to do so.

C. Foster parents do not have the right to view student records or participate in discussions of confidential information about the foster child without direct permission of the state appointed social worker.

XII. Component Coordination

A. Central Office to Central Office

1. It must be the intent of each Central Office manager to work efficiently within their own component area and cooperatively with other component areas so that a total program approach is accomplished in serving HS/EHS families.
2. Each Central Office manager must respect the efficiency of another manager by keeping them informed of observations made in the field within another's component area. Confidentiality will be maintained within those component areas of concerns.

B. Field Staff to Field Staff

1. It must be the intent of each field staff employee to work efficiently within their own job responsibilities and cooperatively with other field staff so that a total approach is accomplished in serving HS/EHS families.
2. Each field staff employee must respect the efficiency of other field staff employees by keeping them informed of activities which arise within their center and/or county that affect the program operation of that center and/or county. Appropriate field staff employees should be notified and confidentiality maintained with those employees directly involved in the activities that arise.

C. Central Office to Field Staff

1. It must be the intent of each Central Office manager to provide instruction and support to field staff within their component area as well as directing field staff outside their component area to the appropriate manager to assure cooperative services to HS/EHS families.
2. Confidentiality must be maintained by Central Office managers when dealing with field staff concerns so that information is kept on a professional program level and only the field staff involved are consulted.

D. Field Staff to Central Office

1. It must be the intent of each field staff employee to provide information concerning the efficient operation of the HS/EHS program to appropriate Central Office components as the specific operation so designates, this is to assure cooperative services are provided to HS/EHS families.
2. Confidentiality must be maintained by field staff employees when dealing with concerns that have to be brought to the attention of Central Office so that information is kept on a professional program level and only the Central Office managers involved are consulted.

E. HS/EHS Staff to Parents

1. It must be the intent of each HS/EHS staff person to provide information to parents concerning only their own HS/EHS child and program operations that concern their HS/EHS children.
2. Confidentiality must be maintained during consultation with parents so that all factors are taken into consideration, such as the content of material and the location in which you choose to discuss appropriate information.

F. Parents to Parents

- It must be the intent of each HS/EHS parent to work cooperatively with other HS/EHS parents, to discuss only information concerning their own children, and to keep confidential any observations and/or information they might obtain concerning other HS/EHS children.

G. Parents to HS/EHS Staff

- It must be the intent of each HS/EHS parent to provide information concerning the efficient operation of the HS/EHS program to HS/EHS staff; this will ensure children receive all appropriate services provided to HS/EHS families.

H. HS/EHS Staff to Outside Agencies

1. It must be the intent of each HS/EHS staff person to provide information to outside agencies when the HS/EHS child and/or family is directly involved with that agency, or when making appropriate referral to an outside agency in representation of the HS/EHS child and/or family. The information must be pertaining to the direct services that the outside agency provides.
2. Confidentiality must be maintained during consultation to outside agencies so that all factors are taken into consideration such as the content of material and the location in which you choose to discuss any information. Information must be of a professional nature and released information must be documented.

I. Outside Agency to HS/EHS Staff

1. It must be the intent of representatives of outside agencies to share information concerning HS/EHS children and/or families only with HS/EHS staff directly involved with the appropriate services to the HS/EHS child and/or family. The information must be pertaining to the direct services that HS/EHS provides.
2. Confidentiality must be maintained when receiving information from outside agencies. The information must remain confidential, on a professional level, and all information must be documented by the HS/EHS staff person being provided the information.

XIII. Policy Council Confidentiality

- A. It is the full intent of representatives to Policy Council to share information discussed at monthly meeting and to keep all center parents informed of the business that has transacted at those meetings.
- B. Confidentiality must be reflected in the sharing of information to not damage HS/EHS children/family/or employees.
- C. Information will be specified when it is of a confidential nature, (example: hiring and firing of personnel). Personnel decisions will be presented to Policy Council for final approval.

XIV. Breach of Confidentiality

Any violation of the confidentiality policy is subject, under law, to a criminal offense, with the following actions possible:

- A. Job dismissal for failure to follow the agency's regulations or professional standards.
- B. Conviction of a misdemeanor for violating certain confidentiality laws.
- C. The client can sue the employee who divulges information wrongly.
- D. Lawsuit for damages or for the invasion of privacy.

XV. Use of Children's Photos and Social Web Sites

A. Photographs/Videos/Audios

All pictures taken of Head Start/EHS children are property of the program and fall under the guidelines concerning confidentiality. At no time are these pictures to be distributed or used for websites or brochures unless prior approved by Central Office. In order to may protect the privacy of Head Start children and their families, parents/visitors are asked to obtain permission from a Head Start teacher prior to taking photos of their children. Parents/visitors should refrain from taking photos/videos/audios of any child they do not have legal custody of unless given prior approval from the Head Start Teacher. Photos are usually permitted for special occasions or group celebrations. However, in certain situations parents may be asked to refrain from obtaining photos/videos/audios during these ceremonies. Should this become necessary, staff will provide families with a separate location designated specifically for photo taking opportunities. At no time are pictures to be used for any type of personal use or as a part of any form of social network site such as Facebook, Snapchat, Twitter, etc.

B. Photo Release

Head Start memories are everlasting. We will capture them in photos annually and throughout various activities at your child's center. These photos will be taken individually and in groups and will be displayed throughout the center. Parents are reminded to complete release forms at the time of enrollment. If given permission on the Parent Agreement Form, the parent agrees for their child to have pictures or videos taken for the purpose of being used in newspaper articles for Head Start publicity, brochures, bulletin boards, program scrapbooks, program websites or visual presentations about the program. Photos are not to be downloaded to any online developing, printing or sharing websites such as Walmart, Walgreens, Google Photo, etc. The memory card will be taken to a location used in each county to have pictures developed. Pictures may be uploaded to email Central Office Staff and should be deleted immediately from the computer. No pictures of Head Start children should be saved on agency computers. Pictures are not to be downloaded from the memory card to personal home computers and pictures are not to be taken with cell phones. Individual photos may be sent home with the child. All other photos are to remain on Head Start property. After close-out, pictures are to be stored in locked filing cabinets or shredded.

C. Media in the Classroom

With parent consent, Head Start staff may take pictures, videos, tapes, and sound recordings of children and families participating in Head Start activities. Staff may use the media for trainings, workshops, presentations for

the community and for programs for public education such as radio and newspaper. If at any time, the teacher wishes to share individual photos/videos/audios with other parents, families, or community outside of the DCEA Head Start/ Early Head Start program (such as end of the year scrapbooks, classroom video memories, etc.) legal guardians should be given the opportunity to sign specific release forms giving consent or denial.

- D. Children and families fall under the Confidentiality Policy at all times therefore, Head Start/EHS related issues, client information or co-workers are not to be discussed or “vented” on social web sites at any time.



Policy #: Administration 1.10

Effective Date: 9/2009

Revision Date: 6/2010, 9/2010, 3/2015

Policy Council Approval Date: 9/2010

No-Smoking

Performance Objective: Douglas-Cherokee Head Start/Early Head Start strives to provide and maintain a safe and healthy environment for children.

Procedure:

- As of July 1, 2010, there will be **NO SMOKING OR VAPING on the grounds** of any DCEA Head Start/Early Head Start facility **when children are present** on the premises. (This includes children who may still be in their parent's vehicle, or children visiting with a parent filling out an application.)
- Staff may leave the premises when on their 30-minute break to smoke or vape.
- Staff may only smoke or vape in the designated areas when there are no children on the premises.
- If a staff member is found to be smoking or vaping on the premises at a facility when there are any children present, he or she will be immediately sent home (unpaid disciplinary leave) for the rest of the day.
- Any member of management, including Area Coordinators, has the authority to send staff home for this reason. Second occurrences will result in further disciplinary action, up to and including termination.
- **Parents, volunteers, and visiting community members are also expected to follow this policy.**



Policy #: Administration 1.5

Effective Date: 9/2009

Revision Date:

Policy Council Approval Date: 9/2009

Standards of Employee Conduct

Performance Objective: To ensure orderly operation and provide the best possible workplace and service, Douglas Cherokee Head Start/Early Head Start expects employees to follow certain rules of conduct that protect the interest and safety of all concerned. To list all forms of unacceptable behavior is impossible. However, the following are examples of rule infractions that may require disciplinary action, including suspension or termination from work.

Operating Procedure:

The following list itemizes those things an agency employee must not do. This list should also be paired with the Code of Ethics and the Standard of Conduct for staff, volunteers, and consultants.

1. Attendance, Performance, and Safety:

- Excessive absence and/or tardiness
- Seat belts not being worn in all agency vehicles
- Absences and/or tardiness not reported in a timely manner
- Poor work quality and/or quantity
- Wasteful time and material management
- Failure to follow job instructions
- Poor employee communication efforts and skills
- Demonstrating a poor attitude about work and toward coworkers
- Failure to observe policies set forth in the Personnel Policies and Procedures Manual
- Failure to report personal injury, damage or loss involving agency property, and/or accidents involving agency staff, equipment or property

2. Misconduct:

- Violating agency work rules, policies, and procedures
- Harassing employees, clients, agents, or the general public
- Disregarding the agency dress code
- Using telephone excessively for personal calls
- Falsifying agency reports, documents, and/or records
- Leaving the workplace without notifying the supervisor
- Using abusive, obscene, and/or profane language in the workplace
- Using prohibited corporal or isolation-type punishment with children at agency child care facilities
- Sleeping on agency time
- Smoking in prohibited areas
- Stealing or mistreating agency property or fellow employees' property
- Dispensing, manufacturing, or using illegal drugs or alcohol in the workplace
- Damaging the agency reputation
- Refusing work assignments
- Possessing a weapon at the workplace, or during work hours - at any time or while serving as an authorized agency representative
- Failing to report one's use of prescribed medications included on the controlled substance list
- Deliberately or carelessly damaging agency property, equipment, and/or supplies
- Threatening, coercing, intimidating, or interfering with fellow workers, agency clients, or the general public
- Failing to report arrests, violations, warrants, and convictions
- Disclosing confidential agency, personnel, or client information
- Falsifying employment application information
- Planning, participating, picketing, or protesting in unlawful demonstrations

 Policy #: Administration 1.2	Effective Date: 9/2015	Revision Date: 7/2009, 9/2015, 6/2019, 5/2026
Policy Council Approval Date: 9/2009, 9/2015, 12/2021		

Behavior/Mental Health Referrals

Performance Objective: First tier behavior strategies include establishing routines, setting boundaries, consistency in expectations, and classroom structure. While most children will be successful with the first-tier strategies, you may have other children who need more intensive interventions. Child behaviors can continue to escalate for a variety of reasons such as prior trauma, changes in their home life, family, mental health concerns, or developmental delays. Referrals may be needed in order to provide the child and family with the support needed.

Procedure:

1. The Special Service Assistant (SSA) will identify children who have scored in the “monitor” or “refer” category on their ASQ-SE-2. The SSA will begin individualized and intentional activities that focus on the social/emotional need of the child. Families will also be encouraged to work on similar activities at home to create consistency of the intervention.
2. The Teacher or Teacher Assistant will complete a Behavior Incident Report (BIR) for any safety concerning behavior issue where positive guidance techniques are ineffective (see Admin 1.2). BIR’s should be filled out as soon as possible and sent to the SSA and the Mental Health Manager at Central Office.
3. If safety concerning behavior is continuous, a consultation request should be filled out and signed by the parent, if agreed, and given to the Mental Health Manager to then pass on to the Mental Health Consultant. The consultant will then reach out to the parent to discuss strategies to work with the child.
4. A parent meeting needs to be conducted by the Teacher with the help of the SSA to collaborate on ideas to match classroom efforts.
5. New strategies should be implemented consistently and BIR’s should continue being completed as needed during this time.
6. If the strategies are unsuccessful and undesirable behavior continues, a behavior referral is made using the Request and Permission for Behavior Referral form. Parent permission is required before the Mental Health Consultant can be contacted.
7. The Mental Health Consultant completes an observation of the child in the classroom and meets with the parent and staff to develop a plan of action.
8. Within 2-4 weeks, the plan can be revised during a second team meeting if needed. If the interventions are successful at this point, strategies will be continued in the classroom.



Policy #: Administration 1.3a

Effective Date: 9/2015

Revision Date: 7/2019, 8/2018,
6/2019, 8/2024

Policy Council Approval Date: 9/2009, 9/2015, 12/02/2021, 9/2024

Head Start Classroom and Behavior Management Techniques

Performance Objective:

Guiding children's behavior involves the commitment of the staff and family. Many things play into successful child behavior guidance. The Creative Curriculum sites relationship building between the staff and child as one of the most critical pieces of the child's success in life. This is also supported by research used to develop Conscious Discipline, CLASS teaching strategies, and the CSEFEL pyramid model. In a Creative Curriculum classroom, the environment and teacher convey messages of support, acceptance, respect, and freedom to explore materials. The classroom is also a social setting that opens up possibilities for children to problem solve and build relationships with their peers. The following procedures work towards using the classroom as a learning environment with intentional teaching practices that support social-emotional growth that leads to school readiness. Children with a positive relationship with their teacher are much more likely to comply with teacher direction and feel safe to explore new relationships.

Procedure:

A. Building Relationships and Classroom Community

1. Create time for interactions that are purposeful in making a connection with the child as an individual. Children have their own unique ideas, personalities, and ways of expressing themselves. Get to know the child on an individual level and build a trusting relationship where the child knows they are safe, loved, and celebrated. Examples for relationship building include sharing a fun activity, playing with a toy that the child chooses, working a puzzle together, reading a book together, or talking about home events during mealtimes (Reference Powerful Interactions 2nd edition by Judy Jablon chapters 7-11). *I Love You Rituals* also promotes a child's willingness to participate by deepening the relationship between them and their teacher (see Conscious Discipline I Love You Rituals book).
2. Set up activities that encourage peer interactions. Social skills require time and practice to master. Children need multiple opportunities to practice these skills and see appropriate interactions modeled by the teacher.
 - a. puppet play with the children retelling a story
 - b. singing songs together such as *Good Morning Neighbor*
 - c. pair children together to work on a task together
 - d. *Intentional Teaching Cards* to build classroom community
 - e. Encourage conversations during mealtimes about common topics or thoughts on the day
 - f. Dance/sing in a circle looking at one another and/or staff. Great opportunity for *Conscious Discipline I Love You Rituals*
3. Children are better able to build relationships with their teachers and peers when they see themselves as part of a community or family. Children need to understand that their actions affect the classroom as a whole. This builds empathy and understanding that others' needs are important. Building a classroom community takes time and intentional planning.
 - Create classroom goals that the children can reach together (refer to intentional teaching cards). An example of this would be a classroom goal of having 10 acts of kindness this week and we can have a sticker party on Friday. The children place a pom-pom in the bucket every time a peer does something helpful like helping pick up toys, picks up the tickets after free play, or shares a toy.

- Make classroom books that have pictures of the children and their families. The book can include pictures of the school, playground, staff, and classroom pets. Have the children tell you about their pictures and then write what they say.
- Place pictures of the children and their families on the wall. Have discussions about what makes each child special and a valued member of the group.
- *The Kindness Tree* helps the teaching staff and children focus on positive interactions that build relationships with a school family (see *Conscious Discipline Building Resilient Classrooms* page 187)
- Provide positive feedback to children that describes how helpful they were to their class or how they were kind to their friends. Avoid blanket ‘Thank You’ statements or Good Job without further explanation of what the child did well.

B. Creating Classroom Rules and Rituals

1. Effective behavior management occurs when the children know the expectations and limits of what is appropriate. Chances are the children are not going to enter preschool already knowing what is and isn’t safe behavior, how to interact appropriately with peers, or how to take care of their belongings. These are all skills that need to be taught (refer to *Creative Curriculum Foundations* page 147). Following the *Creative Curriculum*, rules should include maintaining physical safety, respecting the rights of others, not hurting the feelings of others, and caring for the classroom. This is accomplished by *The Big Rule, Little Rule* strategy. This involves three main rules that encompasses all other rules. The *Three Big Rules* are

- 1 We take care of ourselves
- 2 We take care of our classroom
- 3 We take care of each other

The rule “We take care of each other” would include smaller rules such as not kicking, biting, or pushing. “We take care of our classroom” would cover smaller rules such as cleaning up after play, not tearing down artwork, or destroying books. “We take care of ourselves” by going down the slide feet first”. The Big Rule of taking care of our classroom also helps build the classroom as a community where everyone’s actions affect others. Rules should be discussed with the children. Using a graphing web, list the small rules that would go under each *Big Rule*. Discuss each one with examples. Refer back to the visual web to remind students when social situations arise.

Routines are also critical pieces for children to understand the classroom rules. Predictability and consistency help children feel safe in their environment and are more likely to comply with expectations when they know what is happening. Vocalize next steps so that children know what is coming next.

2. Rituals support a child’s sense of belonging and that their classroom is a community for them to thrive. Rituals are consistent and provide safety because the children know what is coming next. When done correctly and consistently, the children in the room almost appear to be able to run the classroom on their own. Rituals include
 - Greet children in the morning in ways that are inviting and promote a positive transition into the classroom.
 - Visual schedules so that children can anticipate next steps
 - Classroom jobs that give children responsibility
 - *Question of the Day* that ties mathematical skills of charting with predictability of morning routines (see *Creative Curriculum Study Guide*)
 - Favorite songs that are played at specific times such as clean up or rest time. Using familiar songs works as nonverbal cues that connect with what activity is happening next.

- Supplemental curriculums such as Chef Combo or Eddie Eagle that provide consistency during large group time

C. Supporting Conflict Resolution and Classroom Conflict

Conflict resolution is a necessary skill that is needed for all stages of life. It is common for preschool children to struggle with turn taking or having to wait for something they want. Conflicts are opportunities. Teaching solutions for these situations require practice and patience from the teacher.

- Encourage children to use their *assertive voice* to verbalize their needs. Model what the child can assert (ie: No don't push me").
- *Super Friend* gives children positive ways to interact with their peers that promotes friendship and sharing.
- Role play using puppets and real-life situations that help them practice skills before they are needed.
- Solution Kit Cards gives visual cues to help children talk through conflict resolution possibilities. These include agreeing to play together, asking an adult for help, waiting and taking turns, or trading.

D. Supporting Emotional Regulation/Impulse Control

Having successful self-regulation skills benefits the child in both classroom and in future endeavors as they grow up. There are many ways to promote self-regulation skills through modeling and practice. Emotional regulation requires a child to know how to label the feelings they are having, safe ways to express big emotions, and techniques to calm themselves down when they are overwhelmed.

- Safe Places or Quiet Areas are spaces where one child goes at a time when they need personal space to calm down. This is not Time Out. These areas are not meant to be seen as punitive for misbehaving. The child should willingly want to use the area as a positive safe space for them. Teachers can suggest going to a quiet area with statements such as "I can see your face is frowning and you look upset. Would you like to have a few minutes alone in the quiet area?". Quiet areas can be anywhere in the room as long as the child has to discontinue their play and cannot be isolated. An adult should be present or have visual contact at all times.
- Breathing techniques are an important piece of self-calming. There are several methods to teach this skill such as *CSEFEL Tucker Turtle* or *Conscious Discipline Belly Breathing*.
- *Conscious Discipline Feeling Buddies* and emotion posters are used to teach children how to label their emotions.
- I Calm choices give different options of how a child can choose to calm down when they are having high emotions (Conscious Discipline page 223)
- Physical activity may be needed for children who are having difficulty controlling their bodies. (I.e.: "I can see you have a lot of energy right now. Would you like to play a jumping game with me?"). Physical activity should NEVER be used as a punishment by either forcing a child to participate or taking gross motor play away from them.

E. Guiding Children's Behavior

- Reflective Statements -Acknowledge you can tell what the child is feeling and wanting by stating - your observation. "I see you are getting frustrated because your bridge keeps falling down" or "John, I can tell you are working really hard on that puzzle, and you keep trying when the pieces don't fit". This models how to summarize the situation using language, help the child recognize feelings of frustration and gives a chance for the teacher to defuse and redirect the situation before the child has a more intensive reaction.
- Assertive Direction- direction that is clear and specific to what you are wanting the child to do. Should be done in a non-threatening or aggressive tone. I.e.: "Set the blocks on the shelf like this." "Put your hands on your side."

- “I” statements- these statements help the child recognize that their actions affect others. Labeling your feelings also helps the child label their own emotions; i.e. “I can see that you are mad that he has the toy.”
- “When..., then...,” Statements-these statements work well to teach children there is a sequence to moving forward from difficult situations. “When you pick up your toys, then you can join your friends on the carpet” or “First pick up the doll clothes, then take your ticket. First clothes, then ticket.”
- Modeling Specific Language- Give specifics on what the child is doing well. Rather than saying “Good job!” try saying “You used your words to tell Jim to stop taking your blocks!” or “You slid safely!”.
- Offer Choices- avoid getting in power struggles by allowing the child choices for completing tasks. Allowing choices also helps the child feel like they have some control over what they are doing. “You can clean up the toys now or you can choose to ask a classmate to help you” or “You can be the milk helper now or be the line leader later”.
- Redirection- redirection helps the child regain control of their emotions and learn how to wait their turn. “I can tell you really want to play on the tablet. Let’s make a wait list and we can play together at the puzzles while we wait”.
- Changing the Environment- As children master skills, they can become bored when new skills aren’t introduced. Rotate materials on a regular basis to keep materials new and interesting. Also consider changing your learning centers to match the unit of Study. If you are studying flowers, change the dramatic play center into a flower shop. The block center can be changed into a building supply company while studying Buildings.
- Showing While Telling- Children may not be able to complete task because they don’t understand the words you are telling them. Mirror talk is a great way to introduce language while the child sees you do the action (see CLASS Language Modeling).
- Allow Movement- negative or unwanted behavior sometimes is the result of a child needing to release energy.
- State the Logical Consequence of Actions- Offer solutions for using the item correctly. If the child continues to misuse or display the dangerous behavior, state the consequence of continuing. “If you continue throwing blocks, you will have to leave the block area.
- Visuals- Center play ticket systems, markers to show where to wait or sit, pictures on containers/shelves and posted steps for completing tasks are all examples of visuals that support children to be successful.
- Prepare for the next activity. Tell children when there are 5 minutes left to play. Let children know the 2-3 things they need to do next during a transition.

Each learning center is specifically designed using the latest brain research and is supported by the Creative Curriculum. Each center offers numerous learning opportunities and introduces valuable skills needed for all children. Because of this, closing learning centers completely as punishment for not using the toys correctly should be avoided at all times.

Children value the option of the important adults around them. For this reason, staff should always be mindful of not talking about the child’s developmental or behavioral concerns in front of the child. Other children should also not hear adults talking about negative behaviors of their peers.

Social interaction is a necessity in helping the child be successful in kindergarten. Socially isolating a child has several negative consequences including limiting supervision of the child by the classroom staff. Children should stay continuously supervised, be in the safest place of the room, and not isolated from the group.

Opportunities for gross motor and fresh air have been proven through research to be a critical part of a child's development. Head Start Performance Standards and TN Child Care Licensing regulations require all children to receive outdoor gross motor play. Refusal of these opportunities would be a violation of the performance standards and should not be used at any time as a punitive measure for unwanted behavior.

F. Tantrums and Noncompliance

It is not uncommon for a preschool child to struggle with controlling their emotions. Positive guidance techniques can require long periods of consistency before a child is able to fully operate in a safe way inside the classroom. Once all other positive behavior management techniques have been applied, if the child's behavior continues to persist or escalates, the following steps may be taken.

Children have shorter attention spans and are unable to stay focused during long periods of wait time. Try minimizing unnecessary wait times by having songs or finger plays ready (CC Mighty Minutes). Keeping children busy will naturally reduce the amount of redirection needed.

****Staff are responsible for implementing behavior procedures. Volunteers or substitutes should never be given the responsibility of behavior management.**

1. Do not try to reason with a child as they are tantruming. If needed, move the child to safe area where they cannot hurt themselves or others. The child cannot be isolated; an adult should be present or have visual contact at all times. Stay composed and breathe slowly and deeply so the child senses your calmness. State, "When you calm down you may leave." After a child leaves time out, assist them in finding an activity to be involved in so they are immediately engaged.
2. If the child needs assistance moving to a safe area the staff may use their body to help guide the child with their hands on the child's shoulders. A child may need to be picked up and moved. The adult should keep their body to the side to prevent the child from head butting the adult. The adult's hands should be away from the mouth to prevent bites. If the child's hands are trying to scratch, you may hold them but not with great pressure. Moving a child may be needed when a child is trying to run away from line, refusing to leave an area, being redirected away from other children, etc. There are times when it is better to move the rest of the children away.
3. If a child continues with inappropriate behavior and requires a *Sit and Think (Time Out)*
 - a. Have him/her move to a quiet part of the room. Do not label a chair or a place as "sad" or "the time out chair", unless recommended by the Mental Health Consultant as a need for the child's own self-management. Explain briefly why the child is in Sit and Think and when the child is ready to control themselves, they may rejoin the group. A child should generally sit no longer than 1 minute for each year of their age and the adult needs to remain close but avoid giving further attention until the child complies (4 years = 4 minutes).

Sit and Think areas can be anywhere in the room as long as the child has to discontinue their play and cannot be isolated, an adult should be present or have visual contact at all times.

- b. After completing a *Sit and Think*, explain to the child why they sat and problem solve with the child other ways to solve problems without breaking rules. Offer solutions such as "using their words to express feelings, talking with your teachers, or taking turns".
- c. Do not expect a child to explain to you why they had to go to quiet time. They may know but not have the ability to explain and it may lead to adult lectures. Be cautious about having children apologize if it is not developmentally appropriate for the child. He/she should be functioning above a 60-month level to begin understanding empathy. You may bring the friend in to discuss solutions when it involves more than one child.

G. Biting or Other Acts of Physical Aggression

1. Child Biting Adult -Feed the bite. Gently lean/ push into the bite rather than pull away. Use the least amount of force necessary. Pressing into the bite causes the child's jaw to open. You may need to stabilize the back of the child's head while you are pushing into the bite. If a child bites your leg, gently press the child's head into the leg bite. Move out of the way after the bite is released. If a child is prone to biting soft tissue, which would be difficult to push into the bite (e.g., adult's breast), anticipate this and try to assume a stance of protection when approaching the aggressive child (e.g., 45-degree angle, position your arms to block your breast area).

2. Child Biting Child- If a child will not release while biting another child, use the same body mechanics and leverage noted above to gently push the body part being bitten into the mouth of the biter. This helps the biter's jaw to open and release.

If a bite did occur:

- a. Respond to the situation promptly. As soon as an incident takes place, you must take immediate action.
- b. Comfort the child who was bitten and try not to over-react to the situation, remain calm.
- c. Wash the wound and apply an ice pack to help keep bruising down. If the skin is broken, follow the universal precautions for handling blood, which include wearing nonporous disposable gloves, and recommending that parents notify their pediatrician and follow his or her advice. Notify C.O. if skin is broken.
- d. State clearly that biting is not all right using eye contact. Speak firmly and seriously. "Sam, no biting. Biting hurts. Alex is crying. You can bite this (toy, cloth, food)." Remove the child from other children for a short time.
- e. Invite the child who bit to help you care for the bitten child if you do not fear they may bite again (suggest he bring the bitten child a favorite toy or stuffed animal).
- f. Help the child who bit understand that there are other ways to express anger, such as using words.
- g. Document injuries due to biting, on the Accident & Illness Form and contact both sets of parents. Give a copy of the Accident & Illness Form to the parents of the bitten child, Area Coordinator, and Disabilities & Mental Health Manager.
- h. Hold onto your positive vision of the whole child. When a child is biting, adults tend to focus solely on the negative behavior.

3. Child Kicking Adult- If standing, lift your leg so the bottom of your foot can shield you and block the kick. Step back, placing the raised leg down behind your other leg. Walk backward out of the way.

4. Hair Pull- If a child grabs your hair, press their fist into your head. Use your palms to press down on the back of the child's hand at a perpendicular angle. This immobilizes the child's hand and helps it release. Bend your head down and lean toward the child. This causes the child's elbows to bend and her grip to weaken. Once the grip weakens, sweep your hands (which are on top of the child's) down and away from your body in a fluid motion. (If the child uses two hands to pull hair, immobilize both of her hands against your head. Each one of your palms will be pressing the back of each child's hand).

H. Documentation/Notification of Extreme Behavior

1. The lead educator will need to inform the parent in a confidential manner if the child has had behavior issues. It can be done at pick-up away from others.
2. Support staff, i.e. Special Service Assistants or cooks should direct all parent/guardian questions or concerns about behavior to the lead educator.
3. If behavior issues persist, a child may be referred for mental health intervention with parent permission.
4. Remember, children are not to be sent home unless it is approved by the Disabilities and Mental Health manager or a director.



Policy #: Administration 1.3b

Effective Date: 9/2015

Revision Date: 7/2009, 8/2015,
6/2019, 8/2024

Policy Council Approval Date: 9/2015 ,9/2024

Early Head Start Classroom and Behavior Management Techniques

Performance Objective: Infants and toddlers rely on the trusted adults around them to guide them as they learn how to self-regulate and build other relationships such as friend groups. As EHS Caregivers build a trusting relationship, children will look to them as their role model in how they interact with other children. Using the Creative Curriculum for Infants, Toddlers, and Two's, the first steps in guiding positive behaviors in an EHS classroom are to be responsive, respectful, and consistent in your approach to each child. This is also supported by research used to develop Conscious Discipline, CLASS Teaching Strategies, and the CSEFEL pyramid model. In a Creative Curriculum classroom, the environment and teacher convey messages of support, acceptance, respect, and freedom to explore materials. The classroom is also a social setting that opens up possibilities for children to problem solve and build relationships with their peers. The following procedures work towards using the classroom as a learning environment with intentional teaching practices that support social-emotional growth that lead to school readiness. Children with a positive relationship with their teacher are much more likely to comply with teacher direction and feel safe to explore new relationships.

Procedure:

A. Positive Guidance

For optimal brain development, a child's day must be filled with face-to-face, connected interactions with adults. Conscious Discipline reminds that the four ingredients of a connection include eye contact, touch, being present and being playful. Connection wires the brain for impulse control and fosters willingness to cooperate.

1. Teacher- Child Interactions

- a. Create time for interactions that are purposeful in making a connection with the child as an individual. "Delight" in spending time with them. Young children depend heavily on their caregiver's facial expressions and voice tone as cues that they are safe and loved. Children, even young infants, know when you are enjoying your time with them.
- b. Smile, use soft voices, laugh, sing, and use eye contact. Use daily routines as times to build relationships. Children birth-three spend most of their day engaged in routines and experiences such as diaper changing and meals. Use as many opportunities as possible to give each child one-on-one time during these routines. Be aware of each child's temperament so that you can better engage based on what each child needs individually. Read the child's nonverbal and verbal cues that they are becoming overstimulated. Don't force face to face time if the child is showing signs they need a break.
- c. Communicate with words even if you think the child isn't listening or doesn't understand you. A child may start crying while you are changing another child's diaper. Use mirror talk and a calm voice to reassure the child that you still see him/her and that you will be back as soon as you can. (e.g., "I hear you crying and I know it's hard to wait. I'll pick you up as soon as I get your bottle ready".
- d. Recognize when children interact appropriately. Often teachers expect toddlers to act like preschoolers. Success can look small compared to social interactions that preschoolers have; however, they are just as valuable and important small steps.
- e. Continuity is key. Young children thrive in environments that are predictable and that make them feel safe. Staying on routine/schedule and consistently reacting the same way to situations gives children the sense of security. The safer a child feels, the more they are able to develop self-regulation skills they will need as they get older.

- f. Touch and close proximity are very important at this age. Infants primary focus on objects is 8-10 inches from their face. This is roughly the distance from a child to the caregivers face while being held drinking a bottle. Make eye contact as often as possible accompanied by positive facial expressions and gentle touches. Joining a toddler's play and engaging in silly, pretend play fosters bonding and cooperation.

2. Child-Child Interactions

- a. Arrange opportunities for children to be in natural small groups according to their attention span and developmental level. Reading a book in the soft area will naturally attract small groups and allow you to shadow problem behaviors in a natural way.
- b. Plan experiences that allow children to begin sharing. An example of this would be rolling a ball back and forth while saying "Your turn, my turn."
- c. Offer materials in the room that allow children to positively interact with each other without causing conflict. Having multiples of favorite toys, enough blocks for children to parallel play, or holding hands while walking to the playground are some examples of age appropriate group play.
- d. Sing songs that have the children's names in them. This will help children learn to recognize their peers being involved in the same activity and begin seeing the other children as individuals with their own names.

3. Classroom Community

Infants and Toddlers are on a unique progression of moving from what Piaget called egocentrism, centration, preoperational stages of cognitive development. Building classroom community will look different based on the age of the children in your class. Expectations should reflect the developmental level of your children. For infants this may be something as simple as drawing attention to kindness, modeling appropriate relationships with each other, and encouraging gentle touches.

- a. Children are better able to build relationships with their teachers and peers when they see themselves as part of a community or family. Children need to understand that their actions affect the classroom as a whole. This builds empathy and understanding that others needs are important. Building a classroom community takes time and intentional planning.
- b. Make classroom books that have pictures of the children and their families. The book can include pictures of the school, playground, staff, and classroom pets. Have the children tell you about their pictures and then write what they say.
- c. Place pictures of the children and their families on the wall. Have discussions about what makes each child special and a valued member of the group.
- d. *The Kindness Tree* helps the teaching staff and children focus on positive interactions that build relationships as a school family (see *Conscious Discipline Building Resilient Classrooms* page 187)
- e. Provide positive feedback to children that describes how they were helpful to their class or how they were being kind to their friend. Avoid blanket "Thank You," statements or "Good Job," without further explanation of what the child did well. Post and discuss photos of your children engaging in kind, safe, and helpful behaviors

B. Routines and Rituals

1. For infants and toddlers, trust is developed through continuity of care and routines that are predictable. Rituals soothe and produce a calming effect. Routines can be built during regular experiences such as diapering/toileting, hello and goodbyes, mealtimes, nap time, and getting dressed. Each routine opens teachable moments through interaction with a caring adult (Creative Curriculum, Volume 2).
2. Rituals support a child's sense of belonging and that their classroom is a community for them to thrive. Rituals are consistent and provide safety because the children know what is coming next. When done correctly and consistently, the children in the room almost appear to be able to run the classroom on their own. Rituals include:
 - a. Greet children and parents in the morning in ways that are inviting and promote a positive transition into the classroom.
 - b. Use visual schedules so that children can anticipate next steps.

- c. Sing the same song to indicate a particular transition (e.g., “Get your baby, get your baby, get your baby-time to play,” for baby doll circle time).

C. Self-Regulation

1. Modeling self-regulation is an important part of building self-regulation in infants and toddlers. Developmentally appropriate practice for this age group includes the adult being able to respond in respectful and calm manner. The child is watching the caregiver to see how they respond to situations and interact with others. For infants and toddlers, trust is developed through continuity of care and routines that are predictable. Rituals soothe and produce a calming effect. Routines can be built during regular experiences such as diapering/toileting, hello and goodbyes
 - a. Use simple clear language when redirecting. Infants and toddlers are just beginning to develop receptive and expressive language skills. Many are unable to follow multiple directions at one time.
 - b. Label emotions and acknowledge how they feel. Adults are able to process emotions and situations much better than young children. Emotions can feel overwhelming when they don’t know how to express it or understand what they are feeling. Label their emotions and let them know you understand why they are upset. “It’s very frustrating when your building falls down. You worked really hard on that and it made you mad when it fell.”
 - c. Have age-appropriate expectations. Being able to choose a different task or understand why they have to wait (delayed gratification) is a skill that won’t develop fully until preschool age. Early Head Start children will need adult help to redirect them to a new activity and remember classroom rules.
 - d. Model staying calm and/or ways to calm down. Children will watch to see how you handle problems. It’s normal for a teacher to become overwhelmed or upset at something during the day. Model using deep breaths and using self-talk to describe what you are doing. “I accidentally dropped the paint cup and it made a mess. I’m going to take three deep breaths then I’m going to work on cleaning it up.” Or “It’s okay. I can handle this.”
 - e. Encourage independence when it’s safe. Children gain confidence and self-worth when they accomplish things. Trying something several times also builds attention span and persistence. If the child fails at something, use that as a teachable moment to describe their emotions and problem solve how to fix it.
 - f. Give lots of opportunities for active play, movement, and rest periods. Young children are active and need extra time to burn energy. A child who has built up energy or who is overly tired will find it harder to self-regulate their emotions.
 - g. Limit transitions. Children thrive in predictable environments where there is little change. Transitions can be disruptive to their routine and are times when challenging behaviors happen the most.
 - h. Talk with family to find ‘lovies’ that will help child calm down. A ‘lovie’ can be something that smells like home, a picture of a loved one that they can carry around or go look at when needed, or a favorite toy that makes them feel safe like a blanket.

D. Positive Guidance Techniques

1. Avoiding unacceptable behavior relies on consistent routines and their trusted caregiver having strategies in place to help them learn to manage their feelings. Strategies should be intentional and age appropriate.
 - a. Avoid Time Out- Time out should not be used in an EHS classroom. Young children cannot process their emotions without guidance from a trusted adult. They also do not have or are just learning what empathy is for other people. Having a young child sit in time out alone to ‘think about what they have done’ or to ‘calm down’ is not an appropriate expectation of what they can do. If a child needs a break from the others in the classroom, guidance from the Mental Health and Disabilities Manager or the Mental Health Consultant should be used. Always sit with the child and use language to describe what is happening. Model using calming breaths and give clear language to describe what actions you want to see from the child. “We use gentle touches with our friends like this...”
 - b. Be present in the moment- Even young children can tell when you are distracted or not paying full attention to them. Make eye contact, be on the child’s level, use close proximity and gentle touches like rubbing their back to help reassure them.
 - c. Shadow- look for patterns in when the child is having the challenging behaviors. Questions to consider:
 - i. Does this only happen on days when mom says he didn’t sleep well?
 - ii. Does he only react negatively when a child touches a specific toy?

- iii. Is it always the same child that is involved?
- iv. Does this occur at specific times of day? (if it is always in the afternoon, the child may be getting tired and is unable to regulate his emotions)
- v. Is the child teething, have a temperature, or had changes in the home/school?
- d. Intentional Teaching Cards (ITC) – ITC are a part of the Creative Curriculum and are designed to individualize learning objectives while making the lesson playful and joyful for the child. Track the child's progress using TSG and select ITC's that are best for their specific emerging skills in social-emotional development.
- e. Offer Options- Offering options is a great way to give the child independence by making their own decisions while still guiding them in what needs to come next. Give two choices that are both acceptable. "You can clean up the blocks now or after lunch".
- f. Change Environment- As children master more difficult skills, the classroom will need to change to accommodate the activity of the children. Rotate a variety of books for different abilities, have an open room arrangement for infants who are learning to walk, add duplicate toys to prevent fighting over favorite items, add more complex manipulatives, add more variety to the dramatic play and the block centers.
- g. Use Visual Cues- Visuals are great for any age. Keep visuals simple and free from cartoon art work that will distract from what you want the child to see. Simple visuals like stop signs, green lights, or real pictures of them following procedures in areas like their playground will help them know what transition is about to happen and what the expectations are.
- h. Use Modalities to Teach- Use items that will help grab their attention such as books about gentle touches, puppets to act out short scenarios, visually show them how to put the blocks up or tap a friend's shoulder.
- i. Have an Understanding of Child Development and Milestones- Have realistic expectations of children and gently guide their behavior in ways that show respect and help children feel good about themselves. A young two-year-old isn't able to fully understand how to take turns or solve a problem on their own. Knowing how to guide a child's behavior depends on the child's age and temperament. Because children grow and change so rapidly during their first three years, the strategies you use to guide their behavior must change, too. Use the Creative Curriculum and Teaching Strategies Gold to understand the unique needs of each age group and what milestone is coming up.
- j. Don't Force Apologies- At this age, the child's prefrontal cortex is still developing and are just beginning to learn empathy. Don't ask a child to apologize before they are able to go play again. The child may comply to make you as their teacher happy, but they will not fully understand the meaning of what they said. Take these opportunities to teach empathy by putting words to their actions. "That hurt when you scratched me," or "See your friends face. They look sad because you took their toy." You can also teach empathy by encouraging the child to help the other feel better. This may be by helping the child hold ice on a bite mark, give the caregiver a hug after they just scratched you, or bring a baby doll to a child who is crying.
- k. Planning and Avoiding Wait Times -Prevent unacceptable behavior through thoughtful planning. Children at this age only have an attention span of 5-15 minutes. This means transitions should be very short. Avoid telling children a change is happening when the change is still several minutes away. EXAMPLE: avoid telling the children they will be going outside and then wait 30 minutes before going. When the teacher says "We're going outside," the children will begin getting their coats and lining up at the door. If the teacher is still cleaning the table or changing diapers, this will cause the children to be waiting at the door for too long. Have songs, finger plays, or favorite books ready to keep them busy when waiting has to occur. Plan multiple activities to ensure children don't have down time. Unplanned down time can lead to unwanted behaviors such as climbing, throwing, or running inside. An Early Head Start classroom should be active and engaging at all times.
- l. Intervene to redirect children's behavior- Remember behaviors are the child's way of communicating the emotions the child is feeling. They will need help from a trusted adult to find better ways of expressing those emotions. Example: give an infant a teething toy instead of biting other children, allow them to climb appropriate places instead of on shelves, or give them soft balls to throw instead of hard blocks.
- m. Intervene directly to stop a dangerous behavior, and use a few simple words such as, "No biting," or "Gentle touches," and then show the child how to touch the other child gently.

E. Responding to Challenging Behaviors

1. Temper Tantrums

- a. Keep the child from hurting himself or someone else. Move other children to another area of the room.
- b. Assure the child that you are there, but avoid talking too much or giving lots of attention. For example, you could sit beside the child without eye contact, mentally wish him well, and breathe. Lend your calm to the child. This shows the child that although you are not giving in to his demand, you do care about him and that he is safe and supported.
- c. After he has calmed down, acknowledge his feelings in ways that show you accept him and his feelings.
- d. Do not shame big emotions. Avoid sending a child away during a tantrum in a way that might suggest you reject the child.
- e. Help verbalize his feelings, "Not being able to finish that puzzle really frustrated you! It can be scary to be so angry."
- f. Suggest other ways to deal with the frustration: "Next time, maybe you should try the animal puzzle instead. Or you can ask me to help you."
- g. Focus your energies on prevention by planning ahead.

Activities to assist in avoiding tantrums

- Invite toddlers to help you with everyday chores, such as setting the table or folding the laundry.
- Offer them many opportunities to make choices about what to wear, eat, and play with.
- Label shelves with pictures so children can find what they want and help put toys away.
- Read children's cues to help you understand what they want to communicate and respond accordingly.
- Keep in mind that toddlers need hugs and cuddles. Be there to offer them when they are needed.
- Be playful with the child during the day. Engage in I Love You rituals.
- Serve meals and snacks before children get too hungry
- Help children take naps before they start falling apart
- Give them a chance to play outdoors when they are ready for active play.
- Focus on and fulfill the individual needs of each child, and care for them in responsive, respectful way.

F. Biting

1. It is not uncommon for infants and toddlers to struggle with impulse control. Biting, at this age, is primarily a form of communication, sensory input or lack of self-control. During the sensorimotor stage of development, infants and toddlers explore their world through their five senses. Biting can be frustrating, but like any other unwanted behavior, the best course is to prevent the bite from happening
 - a. Children have short attention spans and are unable to stay focused during long periods of wait time. Try minimizing unnecessary wait times by having songs or finger plays ready (CC Mighty Minutes). Keeping children busy will naturally reduce the amount of redirection needed.
 - b. When the child is calm - teach him/her other ways to express themselves (e.g., a hand up to mean, "Stop," or with words, "That's my chair." or "Move.") Read books, tell social stories and keep adult eyes on the child for the rest of the day.
 - c. Observe to try to identify patterns of instances when biting occurs.
 - d. Ask parents if they have seen the same behavior at home and how they handle the situation.
 - e. Make and carry out an ongoing prevention and intervention plan. Shadow a biter and intervene before others are injured. Add tension reducing activities like squishing playdough or smiling and rolling a ball back and forth. Consider reducing stimulation by lowering the adult tones/noise level and lighting.

If a bite did occur:

- a. Respond to the situation promptly. As soon as an incident takes place, you must take immediate action.
- b. Comfort the child who was bitten and try not to over-react to the situation, remain calm.
- c. Wash the wound and apply an ice pack to help keep bruising down. If the skin is broken, follow the universal precautions for handling blood, which include wearing nonporous disposable gloves, and

recommending that parents notify their pediatrician and follow his or her advice. Notify C.O. if skin is broken.

- d. State clearly that biting is not okay using eye contact. Speak firmly and seriously. “Sam, no biting. Biting hurts. Alex is crying. You can bite this (toy, cloth, food).” Remove the child from other children for a short time.
- e. Invite the child who bit to help you care for the bitten child if you do not fear they may bite again (suggest he bring the bitten child a favorite toy or stuffed animal).
- f. Help the child who bit understand that there are other ways to express anger, such as using words.
- g. Document injuries due to biting, on the Accident & Illness Form and contact both sets of parents. Give a copy of the Accident & Illness Form to the parents of the bitten child, Area Coordinator, and send an email with it attached to SIR@dceaheadstart.org and fill out a Behavior Incident Report and send to the Disabilities and Mental Health manager.
- h. Hold onto your positive vision of the whole child. When a child is biting, adults tend to focus solely on the negative behavior.
- i. If a child bites an adult, make sure to “feed the bite” by pushing inward towards the child’s mouth so they naturally open their mouth and let go.

G. Child Kicking Adult

If standing, lift your leg so the bottom of your foot can shield you and block the kick. Step back, placing the raised leg down behind your other leg. Walk backward out of the way.

H. Hair Pull

If a child grabs your hair, press their fist into your head. Use your palms to press down on the back of the child’s hand at a perpendicular angle. This immobilizes the child’s hand and helps it release. Bend your head down and lean toward the child. This causes the child’s elbows to bend and her grip to weaken. Once the grip weakens, sweep your hands (which are on top of the child’s) down and away from your body in a fluid motion. (If the child uses two hands to pull hair, immobilize both of her hands against your head. Each one of your palms will be pressing the back of each child’s hand).

I. Documentation/Notification of Extreme Behavior

1. The lead educator will need to inform the parent in a confidential manner if the child has had behavior issues. It can be done at pick-up away from others.
2. Support staff, i.e. child care aides or cooks should direct all parent/guardian questions or concerns about behavior to the lead educator.
3. If behavior issues persist, a child may be referred for mental health intervention with parent permission.
4. Remember, children are not to be sent home unless they have approval from the Disabilities and Mental Health manager or a director.
5. When safety concerning behaviors occur, a Behavior Incident Report should be filled out and sent to the Disabilities and Mental Health manager.



Policy #: Social Services 7.3

Effective Date: 09/2009

Revision Date: 06/2010,
09/2010, 09/2013, 12/2016

Policy Council Approval Date: 09/2013, 12/2016

Program Suspension

Performance Objective: Head Start/Early Head Start believes that the safety of each enrolled child is extremely important. In order to ensure that children are provided this protection HS/EHS will follow our procedures as outlined.

At the time of enrollment, parents will be advised of the suspension policy and the procedures that the program will follow in the suspension of a child or parent. Parents will also be advised that they must provide a record of a complete physical exam and documentation of current/ up-to-date immunizations, as this is a requirement for State Licensing.

Procedure:

Reasons for Suspension

- A child may be temporarily suspended from center attendance if parents fail to provide written documentation of current/up-to-date immunization status and complete physical exam report (in accordance with Licensing Regulations). Family Advocates will work with the family in ensuring that every child has these documents for entry.
- A child may be temporarily suspended from attending the program for communicable diseases and parasites.
- A child may be referred because of extreme behavior issues. These can include injury to themselves, other children, staff, and destruction of property. Behavior concerns will first be discussed with the parent and/or guardian of the child. A plan will be developed with the parent to address the behavior issues. A referral will be made to the Disabilities/Mental Health Manager and Mental Health Consultant. The manager and consultant will complete a behavior observation. This team of people will meet to discuss the issues and a decision will be made concerning the progress of the child's behavior and the correct placement for services. A referral may be made for a complete psychological evaluation if the team deems this to be necessary. If the Mental Health Consultant and the staff feel the child is a serious threat to other children and staff, an individual plan will be implemented.
- A child may be prohibited from attending class for **chronic** failure of the parent or designated person to pick up the child at their appointed time. Parents must notify center staff if they are delayed beyond their scheduled arrival time or if they are going to be late picking up the child. An Attendance Support Log will be utilized to document violations. ***At no time will staff turn children away from the classroom.*** If a parent or authorized person has not arrived to pick up the child by center closing time and no one on the emergency phone list can be contacted, then the Department of Children's Services and/or the Police Department will be notified that they have a child in their care and are unable to locate the parent/guardian of the child.
- A parent may be excluded from the classroom for abusive behaviors and /or verbal threats made toward program staff or other parents.
- A parent may be excluded from the classroom if the parent abuses the discipline policy while participating in program activities. (See Child Behavior Management Policy)
- If a child exhibits special needs or needs related to a serious illness that are not possible to be met by the program, the program staff will make every effort to involve the parent and possible other resource persons (as appropriate) in order to decide on the best course of action for the child.
- A child may be temporarily suspended for bringing onto HS/EHS property any type of weapon such as real firearms and/or knives. Parents of the child will be notified immediately as well as HS/EHS Central Office. A course of action will then be discussed.



Policy #: Social Services 7.4

Effective Date: 09/2009

Revision Date: 12/2007, 6/2026

Policy Council Approval Date: 09/2009

Releasing a Child to an Adult “Under the Influence” or a Non-Custodial Adult

Performance Objective: The well-being of all children under the care of Douglas-Cherokee Head Start/Early Head Start is of primary importance. To adequately protect the child while in HS/EHS care, staff will use every precaution in releasing a child. To adequately protect the staff and the HS/EHS program from liability, the following procedures will be adhered to when releasing a child into custody of a person suspected to be "under the influence" or a non-custodial adult.

Procedure:

- Parents of enrolled children will be informed at the time of enrollment about the program's "Release Policy".
- Parents of enrolled children or other authorized adults, such as a legal guardian, will provide complete information on the child's enrollment application of anyone they may authorize to pick up their child. As changes occur to authorize pick-up, an email will be sent to the ERSEA Manager and Family Services Assistant to ensure staff have current information.
- Non-custodial adults picking up EHS children must be at least 16 years old.
- In the event that someone not listed as an authorized custodial adult will be picking up the child at the HS/EHS center, the child's parent/legal guardian must notify the classroom or Family Advocate and give authorization for that particular person to sign the child out for that day only or on successive days.
- Staff will verify the identification (i.e. driver's license) of anyone they have not met or do not know, but their name is on the emergency list, who attempts to pick up the child at the center. It is better to delay an authorized person a few minutes than to release a child into the custody of the wrong individual. (Call the parent if the child is reluctant about leaving with someone. Anyone concerned about the child will appreciate your caution rather than resent it.)
- Staff will not accept telephone authorization unless it is an emergency and the staff person can readily identify the caller without question.
- If a staff person suspects that the person to whom they are releasing the child is "under the influence", their first concern must be that the child can be safely supervised. The following options may be utilized if staff feel that the adult in question is not in a condition to be driving or is unable to safely supervise:
 - Make sure to have additional authorized adults who can be called to pick up the child.
 - If the parent/adult is aggressive or threatening, call 911.
 - If situations occur repeatedly, a decision will be made by the Central Office to inform the parents they may be at risk of having their child excluded from the program.
 - Report incidents that are suspected child neglect to the Department of Children Services, especially if you are worried that children are being supervised by someone who is mentally and/or physically impaired. Report in writing to Central Office when you have made a report.
- If staff have any concerns about a possible problem, they can tell the enrolling parent that the program won't be able to care for the child unless both parents sign a written agreement that spells out who can pick up the child at which times.
- The custodial parent will be contacted if an unauthorized adult demands the right to pick up a child (the staff having already asked for identification from and explained the policy to the individual), or if the child doesn't want to leave with someone. If the custodial parent denies release of the child to the unauthorized person, or the custodial parent cannot be contacted, HS/EHS staff will attempt to stall or deny release of the child. It is HS/EHS responsibility to protect the other children in our care as well as the staff. If necessary, contact the local law enforcement officials.
- Staff should release the child only as a last resort; the parent and the law enforcement should be notified immediately. Staff should be prepared to provide a good description of the person and the vehicle license plate number.

- Every situation is unique when dealing with these types of problems. Staff will need to use good judgment, remain calm, and use different options to handle different situations.
- Every effort will be made by HS/EHS staff to provide the best possible protection for the well-being of the children in their care, and to avoid prohibiting a child from the program by helping the family seek alternative solutions for the situation through support and guidance.



Policy #: Nutrition 5.6

Effective Date: 09/2009

Revision Date: 07/2009

Policy Council Approval Date: 09/2009

Food to be Served in the Classroom

Performance Objective: Head Start/Early Head Start will not allow “outside” foods to be served in the center. Only food prepared at the center will be served. However, if a community member wishes to donate a complete meal, it must be nutritious and **preapproved** by the Health and Nutrition Manager BEFORE the donation is made.

As referenced by Performance Standard 1304.23(b)(1)(ii), foods served must be high in nutrition and low in fat, sugar, and salt. Sound nutrition principles and good dental practices must be considered when planning food for meals. Celebrations should not focus on food. They should instead focus on what is being celebrated (birthday, fall festival, etc).

PROCEDURE:

1. Teachers should explain this policy to all parents at the beginning of their child’s school term (i.e. Parent Orientation Training and home visits).
2. Children should be taught good dental and sound nutrition habits.

Douglas-Cherokee Head Start/Early Head Start

Permission for an outside agency to provide therapy at Head Start

Child's Name: _____ Date of Birth: _____

Classroom: _____ Teacher: _____

Family Advocate: _____ SSA: _____

Parent/Guardian(s): _____

Parent/Guardian(s) Phone: _____ Email: _____

___ Yes, I give permission for my child to receive a class observation and/or services at the Head Start site while he/she is in attendance. I realize this observation/service is through a private agency not associated with Head Start and if I have any issues I will discuss them with the therapist from this agency.

___ No, I do not give my permission

By signing below, I give my permission for the above named child to possibly be removed from regular class activities to receive his/her services.

Parent/Guardian signature _____ Date _____

Staff signature as witness _____ Date _____

Name of agency providing therapy: _____

Planned Days and times (subject to change) _____

Head Start staff have this form completed when a child does not have an IFSP/IEP but receives therapy through a private agency. Give a copy to the teacher and PBSA, email copy to the Disabilities and Mental Health Manager. ***Permission is good for one school year.**

BE 2026

 Policy #: Social Services 7.2	Approval Date: 09/2009, 09/2010	Revision Date: 5/2008, 9/2010, 8/2011, 12/2019, 7/2023, 6/2024, 6/2025
Policy Council Approval Date: 9/2009, 9/2010, 9/2024		

Identifying & Reporting Child Abuse and/or Neglect

Performance Objective: It is the mission of DCEA Head Start/Early Head Start to promote, protect, and provide for the physical, mental, and emotional health and safety of our children; and to cooperate with individuals, organizations, and agencies who share the responsibility with us. Tennessee State Law states “Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect.”

1. The program will preserve the confidentiality of all records pertaining to child abuse or neglect problems; and, will cooperate fully with the Department of Children's Services and other child protection agencies.
2. The program will make every attempt to retain children in the program, recognizing that the child's participation may be essential in assisting families with abuse or neglect problems. Also, additional priority points are provided to families or legal guardians of abused/neglected children.

Procedure:

1. The program director designated the Assistant Director to have responsibilities for:
 - A. Establishing and maintaining cooperative relationships with the Department of Children's Services and other child protection agencies.
 - B. Ensure that training is provided for parents and staff of legal requirements in reporting child abuse and neglect.
 - C. Maintaining updated knowledge of community, medical, and social services available for families with an abuse or neglect problem.
 - D. Securely maintaining all abuse/neglect reports at the central office and keeping information confidential.
 - E. Keeping the program director informed of any program-initiated reports.
2. The program will provide initial orientation (and annual training) for staff on the identification and reporting of child abuse and neglect.
3. **Any staff** with knowledge or reasonable suspicion of child abuse or neglect shall report to the **Department of Children's Services at 1-877-237-0004** or local law enforcement immediately (after ensuring the safety of your children).

Specific Procedural Steps:

1. Observe children when they arrive. When a child has a physical injury, ask the child how the injury occurred. If the child's explanation appears incompatible with the type, locations, and shape of the injury, **do not press the child for additional information**. Do not undress the child to look for additional injuries. Pay attention only to those injuries you can see or what the child voluntarily shows you. For infants and young toddlers who cannot respond verbally to your questions, it is acceptable to remove their clothing to look for additional injuries.
2. Respond to the child's disclosure or complaint about injuries, aches, pain, etc. by acknowledging and supporting the child for telling. Tell the child you want to help but don't make promises you can't keep.
3. Call the Department of Children's Services and report immediately, after ensuring the safety of all the children in your care.

4. After the report is made, the reporter shall complete the program's Suspected Abuse Report form and contact the assistant director by phone. If unable to reach the assistant director, call the HS/EHS director or Human Resources manager.
5. The Department of Childrens Services will determine the next steps in the process. Staff are required to cooperate fully with investigators.
6. Program staff must not be party to any type of child abuse/neglect. Disciplinary approaches during the day must not include verbal abuse (yelling, name calling, etc.) physical abuse (spanking, pinching, jerking, etc.) or neglect (withholding food as punishment, not attending to needs of children, etc.).
7. When a staff person or volunteer is suspected of abuse or neglect:
 - a. If practical, immediately remove offending staff member/volunteer from the classroom. Contact the director, assistant director, or FCP manager for support.
 - b. Administer appropriate support to the child and reassure them that they will be protected and any actions were not their fault.
 - c. When abuse or neglect is suspected, a report must be made to DCS (use the Suspected Abuse/Neglect Form as a guide). Contact the director, assistant director, or human resource manager immediately afterward as a decision will be made if the staff person should be removed from the center.
 - d. Disciplinary action, up to and including termination, will result for any DCEA staff asking/telling you not to report suspected abuse or neglect!
 - e. Parents or legal guardians will be contacted by program management when an incident involves their child. The program will maintain the confidentiality of all staff in accordance with state law.

Rights, Responsibilities, and Consequences:

- It is the responsibility of every staff member to report any violation of this policy. Failure to do so will result in disciplinary action, up to and including termination.
- Tennessee law protect persons who report abuse or neglect in good faith and provides immunity from civil and criminal liability.
- It is the responsibility of child protective services to determine whether or not abuse or neglect occurred or is occurring and to determine what actions need to be taken to protect the child from further harm.

Abusive Head Trauma (AHT), which includes Shaken Baby Syndrome (SBS), is a severe form of physical child abuse that results in an injury to the brain of a child. AHT often happens when a parent or caregiver becomes angry or frustrated because of a child's crying. It is caused by violent shaking and/or with blunt impact. The resulting injury can cause bleeding around the brain or on the inside back layer of the eyes. Shaken Baby Syndrome results from violently shaking a small child by the shoulders, arms, or legs and may be from shaking alone or with impact. All center staff who will work with children will have AHT/SBS training before working in the classroom. Staff will complete the AHT/SBS checklist at orientation and ongoing as required by child care licensing and the program.



Policy #: Parent Involvement 6.5

Effective Date: 09/2009

Revision Date: 02/2010

Policy Council Approval Date: 03/2010

Fund-Raising/Donations

Performance Objective: Fund-raising activities will not be permitted. Donations of cash/goods done in the name of Douglas-Cherokee Head Start/Early Head Start must be handled in a consistent and professional manner.

Procedure:

- Staff and parents are not permitted to solicit funds; however, it is appropriate to make the public aware we accept donations through personal contacts. Examples might include:
 - VAP (Volunteerism Always Pays) program through local Wal-Marts that encourages employee volunteerism in the community. A monetary donation may be made based on the volunteer time given by the Wal-Mart employee.
 - Staff or parents may be affiliated with or have contacts with community leaders and civic organizations that may have an interest in making a donation.
 - Local churches may be interested in contributing to a classroom (especially during the holidays).
 - Local restaurants may offer to donate a meal or give a discounted rate to provide a cultural experience for the children and/or parents.
 - Relatives of staff or parents may be interested in sponsoring a special activity for the children and/or parents.

The procedures for handling donations are:

1. Record on the Classroom Fund Ledger the amounts received and attach a copy of the check, shopping/gift card or receipt that money was received.
2. Send donations (checks/cash) and a copy of any donated shopping/gift card to the Parent Involvement Manager or Finance Manager.
3. Complete a "Request for Funds" and send it to the Parent Involvement Manager when funds are needed. (This form is also required when you are ready to use a shopping/gift card.) Shopping/Gift cards should be used within 30 days of receiving.
4. A limit of twenty dollars per child is allowable for Christmas gifts.
5. Send original receipts to Parent Involvement Manager and attach a copy to the ledger sheet once expenditure is complete.
6. Complete a Volunteer/In-kind form upon expenditure, if allowable.
7. The teacher will maintain the Classroom Fund Ledger record with copies of receipts.
8. Balances may be carried over to the next program year.

Any monetary donation must be treated as program income and can only be spent for purposes related to the Head Start/Early Head start program to be counted as In-Kind. There are some activities that are acceptable but not allowable as In-Kind. (i.e. Christmas gifts, t-shirts for end of year celebrations)

Teachers must work with the Parent Committee and should ask for assistance from the Parent Involvement Manager if any questions arise or if parents have ideas/suggestions in conflict with established policies/Head Start Performance Standards.

 Policy #: Administration 1.15	Effective Date: 9/2009	Revision Date: 8/2009; 3/2011
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Written Procedure for Hearing and Resolving Parent and Community Complaints/Grievances About the Head Start/Early Head Start Program

Performance Objective: In compliance with Head Start Performance Standards, Policy Council must establish and maintain procedures for working with the grantee to resolve community complaints about the program.

Procedure:

The classroom Teacher should be contacted or consulted if there is a complaint/grievance by a parent or community person.

If the nature of the complaint/grievance is such that it can be answered by applying the HS/EHS Policies, then this information should be given to the parent or community person.

If the nature of the complaint/grievance is not covered by a HS/EHS Policy, then the Area Coordinator must be contacted immediately.

All complaints/grievances will be brought to the attention of the Area Coordinator.

The Area Coordinator will address the situation with the person making the complaint/grievance.

The HS/EHS Director will be consulted. At the Director's request, appropriate Managers may meet with the Director to review the complaint/grievance.

At the discretion of the Director and the Douglas Cherokee Executive Director, the Policy Council may be made aware of the complaint/grievance.

The Director will then take action to resolve the complaint/grievance. The final action will be based on the information received, existing HS/EHS Policies, and advice of Policy Council and/or Executive Director.

An appeal of the decision of the HS/EHS Director may be made to the Policy Council, and after review, the decision of the Policy Council will be final.

Note: Complaint Procedures must be approved by Policy Council annually.